



3 1761 08641585 8



Digitized by the Internet Archive
in 2025 with funding from
University of Toronto

<https://archive.org/details/31761086415858>

BINDING SHELF



1989 Proceedings

**The Royal College
of Dental Surgeons
of Ontario**



**Self-governance
is a privilege**

**Our Mandate:
Protect and serve
the public**



The Royal College
Of Dental Surgeons
Of Ontario

230 St. George Street
Toronto, Ontario
M5R 2N5
Tel: 416 / 961-6555
Fax: 416 / 961-5814

MAY 11 1990

135 29

1989 Proceedings The Royal College of Dental Surgeons of Ontario

R.C.D.S. President's Report	2
Elections, Council	4
Electoral Districts	5
Committees	6
Staff	7

Committee Reports

Statutory

Executive	8
Complaints	17
Discipline	18
Registration	20

Standing

Continuing Competence	23
Dental Hygiene Matters	27
Finance and Property	36
General Purpose	40
Legal & Legislation	42
Professional Liability Program	44

Faculty of Dentistry Reports

University of Toronto	49
University of Western Ontario	52

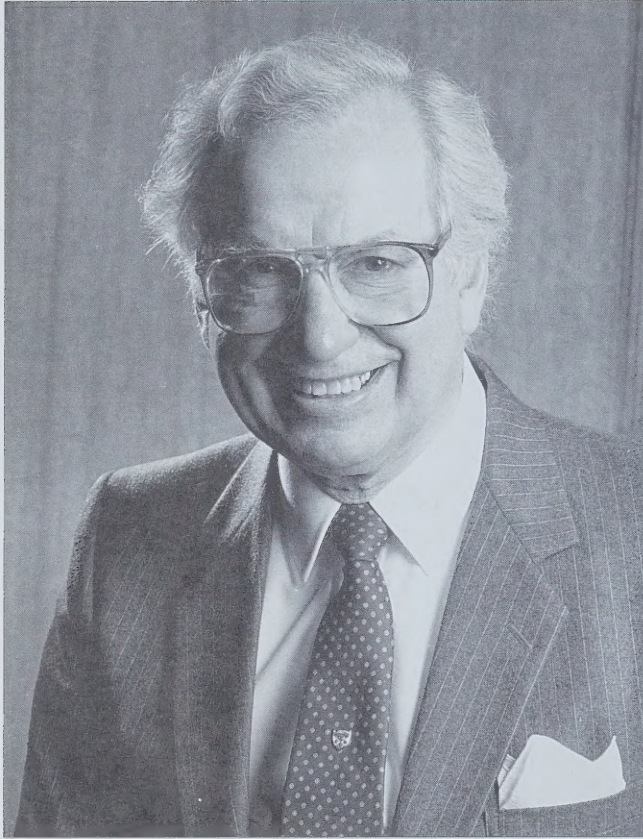
Other Reports

Inspector's	55
The National Dental Examining Board of Canada	56
The Dentistry Review Committee	57
Financial	58
Statistical	65

Presidents and Registrars

Council Meetings:

January 23; May 4, 5; July 10; November 16, 17.



Wesley J. Dunn, D.D.S.

The policy-making structure of The Royal College of Dental Surgeons of Ontario is such that recommendations flow from the committees and are then approved, amended, or rejected by the Council. Therefore, throughout this issue of the Proceedings, the reports of the committees will reflect the substantive issues addressed by the Council during 1989. And to say only that the members of Council, in the discharge of their many and varied responsibilities on committees and otherwise, have been competent and conscientious would be to convict me of understatement. The councillors, notwithstanding, at times, vigorous debate and discussion, have worked co-operatively and assiduously to discharge the obligations imposed by the statute in which the purpose of the College is defined and from which the duties of the Council are delegated.

As we depart the exit door of the 1980s and stand in the vestibule of the 1990s, one perspective of professions has emerged with crystal clarity. The public, through its legislating bodies, is exhibiting a consummate and participating interest in the governance of professional disciplines and in the nature and qualities of the services provided by their members. Even a partial list of legislative initiatives is relatively lengthy.

Of greatest importance to the health disciplines is, unquestionably, the legislation to emerge from the report of the Health Professions Legislation Review. The current timetable provides that the legislation will be enacted in the latter part of 1990. But should a provincial election be called prior to the Bill's passage through the Legislature the process would have to be re-initiated, irrespective of which party forms the government.

The regulatory scheme, as all members are, by now, well aware, proposes the licensing of acts rather than the licensing of practitioners. In this respect, the legislation will be unique. And notwithstanding the expressed concerns of several governing bodies that the concept of licensing acts is so fundamentally flawed that, no matter how carefully it is drafted in legislation, it is not viable and although it recognizes there are difficulties to be overcome, the Crown Law Office, Civil Law of the Ministry of the Attorney General, in a comprehensive legal opinion, does not agree. It should be understood by all members of this College that the Ministry of Health has, clearly and unequivocally accepted the 'scope of practice' and 'licensed acts' concept for the legislation it will be presenting to the Legislature.

Governments and legislatures are engaged elsewhere, as well. **The Independent Health Facilities Act** became law late in 1989. Although, on the surface, it appears not to intrude in dentistry's regulatory environment, it is somewhat early to be other than speculative.

The **Public Hospitals Act** is being comprehensively reviewed by the Ministry of Health. One hopes that the emphases in the review will embrace more than economic interests. It is unarguable, concerning dentistry, that the current legislation and the regulations emanating from it, while not being entirely inimical to hospital dentistry, are far from adequate.

A consultation paper, respecting a **Health Care Information Access and Privacy Act**, has been issued by the Ministry of Health. Notwithstanding that many of the concerns addressed in the paper are already embraced within the provisions of the **Health Disciplines Act** - and, presumably, will continue in the successor - it is clear that the proposed legislation will have further implications for our profession.

Near the end of 1989, the Task Force on Access to Professions and Trades in Ontario delivered its report to the Minister of Citizenship. This report will, presumably, be studied by the Ministry to the end that legislation arising from the Task Force's recommendations may be enacted. The implications of the report in respect of dental education in Canada, the role of the National Dental Examining Board of Canada, and the functioning of the College's registration committee are profound.

A model **Consent Act** is also under consideration. This statute, if enacted, will bear strongly on institutions but will also codify in statute law that which the common law has already made applicable to the issue of informed consent.

The Ministry of the Attorney General is giving consideration to the introduction of a general statute of limitations. At the moment, for many circumstances within the practice of dentistry, the limitation period is almost without limit. Whether government and legislature will accept a 'term definite' is not known but it is hoped that the current indefiniteness of the law in respect of the limitation on a plaintiff initiating an action consequent upon a perceived negligent act of a practitioner will be addressed.

Even the **Evidence Act** did not escape attention, in 1989. Bill 70 amends the act by expanding the category of medical experts whose reports may be used at trial to cover all health professionals (at present only physicians are named) including dentists and denture therapists. It is also required that a report from the health professional must now automatically be given to all parties to an action, together with all other reports of the practitioner that relate to the action. These additional reports will also be admissible in evidence.

The result of actions currently before the Human Rights Commission and before the courts, in such matters as advertising and incorporation, will also, with a certitude, impinge on the practice of dentistry.

The 1990s portend to be an interesting, eventful and, for dentistry, implicatory decade. It will be the measure of the leadership of this College and for those responsible for its policy-development and administration to utilize the opportunities accorded both by legislation and litigation to proact rather than react to the end that the outcome will be an environment for the practice of dentistry in which the interests of both patient and dentist are nurtured and protected.

In accordance with the Regulations under the **Health Disciplines Act**, an election to the Council of The Royal College of Dental Surgeons of Ontario was held from October to December, 1988.

The officially-appointed Returning Officers: Dr. Marjorie Jackson and Dr. John Pedler counted the ballots on Wednesday, December 14, 1988.

Their report is as follows:

District 1

Number of eligible voters	589
Number of valid ballots received	422



G. P. Citrome, D.D.S.
District 1



G. C. White, D.D.S.
District 2



T. G. White, D.D.S.
District 3



G.E. Pitkin, D.D.S.
District 4



E. Luks, D.D.S.
District 4



P.W. Dean, D.D.S.
District 5



J.E. Stakiw, D.M.D.
District 6

The 422 valid ballots were marked as follows:
Dr. George P. Citrome (elected) 197
Dr. Norman B. Lightford 143
Dr. Derek M. Turner 82

District 2

Dr. George C. White elected by acclamation.

District 3

Number of eligible voters	327
Number of valid ballots received	268

The 268 valid ballots were marked as follows:
Dr. Richard L.J. Filion 117
Dr. T. Gordon White (elected) 151

District 4

Number of eligible voters	2103
Number of valid ballots received	1134

The 1134 valid ballots were marked as follows:

Dr. Eric Luks (elected)	760
Dr. Gary E. Pitkin (elected)	827
Dr. Gerald M. Weisberg	432

District 5

Number of eligible voters	227
Number of valid ballots received	156

The 156 valid ballots were marked as follows:
Dr. Peter W. Dean (elected) 89
Dr. John P. Totton 67

District 6

Number of eligible voters	552
Number of valid ballots received	401

The 401 valid ballots were marked as follows:

Dr. David P. Anderson	182
Dr. James E. Stakiw (elected)	219

In District 7

Number of eligible voters	374
Number of valid ballots received	259

The 259 valid ballots were marked as follows:

Dr. Richard M. Beyers (elected)	161
Dr. Birty Williams	98

In District 8

Number of eligible voters	904
Number of valid ballots received	645

The 645 valid ballots were marked as follows:

Dr. Randall T. Lang (elected)	580
Dr. Donald J. McFarlane	65

Dental Hygiene Official Observers

Metropolitan Toronto and York Region:

Number of eligible voters	909
Number of valid ballots received	342

The 342 valid ballots were marked as follows:

Ms. Helene L. Beech-Fluxgold	30
Ms. Jacklyn A. Ferguson (elected)	249
Ms. Cheryl Ivaniski	63

Ontario other than Metropolitan Toronto and York Region:

Ms. L. Lynda Mickelson elected by acclamation.

Faculty of Dentistry Representatives:

University of Toronto
Dr. Gordon Nikiforuk
University of Western Ontario
Dr. Wesley J. Dunn

Lieutenant-Governor in Council Representatives:

Mrs. Elizabeth Chubb
Mr. Frank Dattilo
Mrs. Zita Dossett
Ms. Michele Harding
Mr. R. Gordon Redgrave

Electoral Districts

1. Number one, composed of the counties of Dundas, Frontenac, Glengarry, Grenville, Lanark, Leeds, Lennox and Addington, Prescott, Renfrew, Russell and Stormont and The Regional Municipality of Ottawa-Carlton.

2. Number two, composed of the counties of Hastings, Northumberland, Peterborough, Prince Edward and Victoria, the Provisional County of Haliburton and The Regional Municipality of Durham.

3. Number three, composed of the territorial districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Rainy River, Sudbury, Thunder Bay, and Timiskaming.

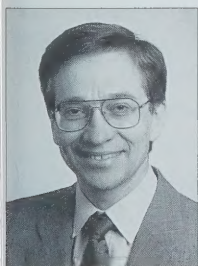
4. Number four, composed of The Municipality of Metropolitan Toronto and The Regional Municipality of York.

5. Number five, composed of the counties of Bruce, Dufferin, Grey, Huron and Simcoe, and the territorial districts of Muskoka and Parry Sound.

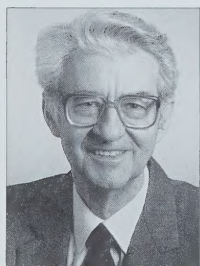
6. Number six, composed of the counties of Elgin, Essex, Kent, Lambton, and Middlesex.

7. Number seven, composed of the counties of Brant, Oxford, Perth and Wellington and the regional municipalities of Haldimand-Norfolk and Waterloo.

8. Number eight, composed of the regional municipalities of Halton, Hamilton-Wentworth, Niagara and Peel. R.R.O. 1980, Reg.447, s.1.



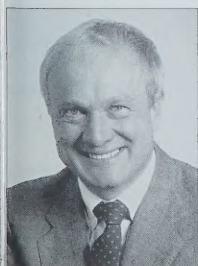
R.M. Beyers, D.D.S.
District 7



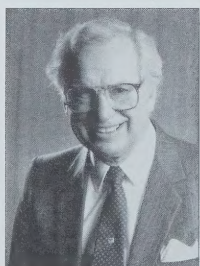
G. Nikiforuk, D.D.S.
U. of T. Representative



J.A. Ferguson,
Dental Hygienist
Observer



R.T. Lang, D.D.S.
District 8



W.J. Dunn, D.D.S.
U.W.O. Representative



L.L. Mickelson,
Dental Hygienist
Observer

Committees

Committees

President: Wesley J. Dunn

The President is an Ex-officio member on all Committees, with the exception of the following:

- (1) Complaints
- (2) Discipline
- (3) Registration

Vice-President:
James E. Stakiw

Statutory Committees

Executive - Part "A":
Dr. W.J. Dunn (Chair)
Dr. R.M. Beyers
Mrs. Z.M. Dossett
Dr. J.E. Stakiw
Dr. T. Gordon White
Ms. L.L. Mickelson

Executive - Part "B":
Dr. J.E. Stakiw (Chair)
Dr. R.M. Beyers
Mrs. Z.M. Dossett
Dr. W.J. Dunn
Ms. L.L. Mickelson*

Complaints:
Dr. P.W. Dean (Chair)
Dr. G.P. Citrome
Ms. M. Harding
Mrs. J.A. Ferguson*

Discipline:
Dr. G.E. Pitkin (Chair)
Mrs. E.F. Chubb
Mr. F. Dattilo
Dr. R.T. Lang
Dr. E. Luks
Dr. G. Nikiforuk
Dr. George C. White
Dr. T. Gordon White
Ms. L.L. Mickelson*

Registration:
Dr. E. Luks (Chair)
Mrs. E.F. Chubb
Dr. P.W. Dean
Mrs. J.A. Ferguson

Standing Committees

Continuing Competence:
Dr. G. Nikiforuk (Chair)
Dr. W.J. Dunn
Mr. F. Dattilo
Mrs. J.A. Ferguson
Dr. G.E. Pitkin
Dr. T. Gordon White

Dental Hygiene Matters:
Ms. L.L. Mickelson (Chair)
Dr. W.J. Dunn
Mrs. Z.M. Dossett
Mrs. J.A. Ferguson
Dr. T. Gordon White

Finance and Property:
Dr. J.E. Stakiw (Chair)
Dr. W.J. Dunn
Mrs. J.A. Ferguson
Dr. E. Luks
Mr. R.G. Redgrave
Dr. George C. White

General Purpose:
Dr. R.T. Lang (Chair)
Dr. W.J. Dunn
Mr. F. Dattilo
Mrs. J.A. Ferguson
Dr. G. Nikiforuk

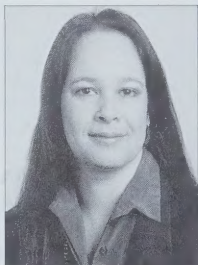
Legal and Legislation:
Dr. R.M. Beyers (Chair)
Dr. W.J. Dunn
Dr. G.P. Citrome
Mrs. J.A. Ferguson
Ms. M. Harding
Dr. R.T. Lang

Professional Liability Program:
Dr. George C. White (Chair)
Dr. W.J. Dunn
Ms. L.L. Mickelson
Dr. G.E. Pitkin
Mr. R.G. Redgrave

Government Appointees



Z.M. Dossett,
Kingston



M. Harding,
Toronto



E.F. Chubb,
Toronto



R.G. Redgrave,
Burlington



F. Dattilo,
Windsor

* May be invited to attend any meetings of the Committees where matters involving **Dental Hygiene** in general and/or a **Dental Hygienist** in particular are to be discussed.

Staff

Registrar

Kenneth F. Pownall, D.D.S.

Deputy Registrar

Roger L. Ellis, D.D.S.

Assistant Registrar

Minna H. Stein, D.D.S.

Assistant Registrar

James M. Gillespie, D.D.S.

Executive Assistant

Linda D. Strevens, B.Sc.D.

Professional Liability

Program Administrator

Edward J. Fox, D.D.S.

Solicitors:

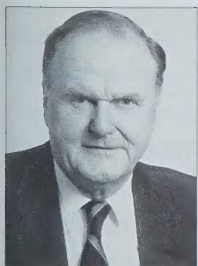
Shibley, Righton &
McCutcheon

Auditors:

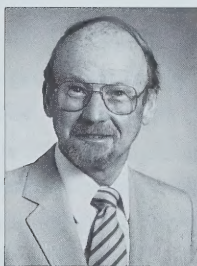
Thorne, Ernst & Whinney

Bankers:

The Royal Bank of Canada



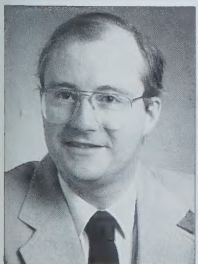
K.F. Pownall, D.D.S.



R.L. Ellis, D.D.S.



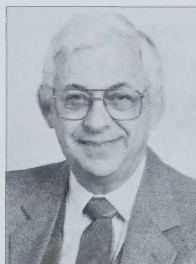
M.H. Stein, D.D.S.



J.M. Gillespie, D.D.S.



L. D. Strevens, B.Sc.D.



E. J. Fox, D.D.S.

Chair: W.J. Dunn, D.D.S.

Members: R.M. Beyers, Z.M. Dossett,
L.L. Mickelson, J.E. Stakiw, T.G. White,

The Executive Committee of the College derives its jurisdiction from the **Health Disciplines Act**, section 30. The committee is enabled to perform such functions of the Council as are delegated to it by the Council or by the by-laws or by Part II of the Act. As well, the committee may take action upon any other matter that requires immediate attention between meetings of Council, other than to make, amend, or revoke a regulation or by-law.

The work and responsibilities of the Executive Committee are divided into two basic categories. The Executive Committee A, to which this report refers, is responsible for matters bearing on the management and direction of the affairs of the College. It serves as the College's liaison with other organizations or agencies. Executive Committee B, to be reported elsewhere, is responsible for matters concerning issues having cognate relationships to complaints, discipline, and regulations concerning professional misconduct.

Health Professions Legislation Review

The year 1989 witnessed the final submissions to the Health Professions Legislation Review (HPLR) and its formal submission of its report to the Ministry of Health. A formal submission, concerning elements of the report on which the Council continues to evince concerns, was made to the Minister of Health.

Through the Executive Committee, Council continued, in 1989, to discuss with the Professional Relations Branch of the Ministry improvements to the listing of licensed acts both for dentists and physicians. It has been recommended for medicine that (1) the specific reference to the oral-facial complex be deleted from the act of cutting, severing or altering hard or soft tissues, (2) 'dental appliances' and 'for the oral facial complex' be removed from 'fitting and dispensing fixed and removable prosthesis and dental appliances for the oral facial complex', and (3) deleting 'orthodontic' and from 'performing orthodontic and restorative procedures'. It seems that medicine is not interested in retaining 'performing periodontal scaling and root planing'.



Executive Committee

Comment was sought concerning the request of the denture therapists to have included in their licensed acts the fabrication of occlusal splints. Notwithstanding it is the Executive Committee's strong opinion that such a licensed act is totally inappropriate for denture therapists and thus sought and obtained a direct and forceful confirmatory statement from the Professor and Head of Prosthodontics at Toronto's Faculty of Dentistry. This statement was transmitted to the Ministry of Health.

Public Hospitals Act

In mid 1989, a letter was received from the Minister of Health advising the College that her Ministry was entering into a comprehensive review of the **Public Hospitals Act**. She requested whatever interim commentary the RCDS would be prepared to offer and to convey it to her prior to the end of the following month. Internal discussions were then held concerning those aspects of the **PHA** and the Hospital Management Regulation enacted pursuant to it. The response of the College was forwarded to the Minister in time to meet the imposed deadline.

The current **PHA** is not particularly "user friendly" to dentistry. The thrust of the College's Brief is that the role of dentists in the public hospital environment is not accurately reflected by the current legislation. The College, in offering several recommendations concerning desirable amendments to the **PHA** expressed the hope that the Ministry's review will provide directions for new legislation

or amendments to the current **Act** to reflect, in legislation and in regulation, the practicalities of the workings of and to improve the day-to-day functions of the public general hospitals.

Independent Health Facilities

In August 1989, a submission to the Social Development Committee of the Legislative Assembly of Ontario concerning 'An Act Respecting Independent Health Facilities' was made on behalf of the College by the President and Deputy-Registrar.

It was suggested that, for clarity, within the intent of the Bill, the following amendments be made:

1. dental services are not covered;
2. there is no power in the Ministry to pass regulations governing the quality and standards of care being provided by dentists in an independent health facility;
3. there is no power in the Ministry to review the quality and standards of care being provided by dentists in an independent health facility other than by referral for investigation by the Registrar of The Royal College of Dental Surgeons of Ontario.

Ontario Human Rights Commission

Representatives of the College met with the Commissioner of Human Rights and two members of his staff early in 1989. The essential purpose of the meeting was to open channels of communication with the Commission in particular reference to the acceptance and treatment, within private dental offices in the province, of patients having blood borne pathogens. At the time there were three dental offices in Ontario under OHRC investigation on the basis of allegations that the dentists refused to render dental care to patients who tested positive to the human immunodeficiency virus (HIV).

The discussion was fruitful. The College received a clearer understanding of the Commission's mandate and the OHRC, in turn, has a much clearer understanding of the private practice environment in which dental care services are rendered and many of the pragmatic difficulties which dentists face.

In future meetings, the Commission will look with us at the RCDS policy on infection control. We have also been invited to share dentistry's expertise (in respect of blood borne pathogens) with that available to the OHRC.

One issue is clear. The Commission, although recognizing the matter is controversial, interprets the word 'handicap' within the Code to be sufficiently broad in its interpretation to embrace any form of illness which, of course, is inclusive of being positive for HIV.

Infection Control

Begun by the 1987-1988 Council and after much additional study and consideration by the current Council, a guideline document on "Recommended Infection Control Practices" was approved and distributed to members.

Notwithstanding that a member of the College formally approached the Registrar and Deputy-Registrar to express his concern about the inadequacy of infection control procedures which he had observed in several dental offices, it is an observation of the College's registrarial staff that the dental community is becoming increasingly aware of the need for better infection control measures. With time there will be much improvement.

The College will continue its educational activities to raise the level of consciousness of members concerning infection control standards and expresses the hope that in their own enlightened self-interest and in the best interests of their patients, practitioners will invariably follow practices consistent with contemporary standards.

Professional Advertising

The Executive Committee carefully reviewed all elements of consideration concerning the matter of advertising yet to be heard by the Supreme Court of Canada including a letter from the Professional Relations Branch of the Ministry of Health. In responding to a letter from the College's general counsel, the Policy Co-ordinator for Health Disciplines advised that "[T]he Ministry's policy regarding the degree of uniformity in the advertising regulations in the various health professions has not yet been formulated. Furthermore, we are, of course, not able to predict the nature and

timing of the Supreme Court of Canada's decision in **RCDS v Rocket and Price** I am extremely reluctant to encourage you to proceed drafting a regulation. Certainly, the Ministry cannot support your effort ..."

It is hoped that the Supreme Court of Canada will hear the College's appeal no later than the spring of 1990. Accordingly, the reasons for judgment are most unlikely to eventuate until late 1990 or, as is more probable, early 1991.

In the meantime the advertising regulations as are to be found in Ontario Regulation 447, section 37 continue to apply.

Professional Incorporation

The Council is on record as supporting professional incorporation provided certain safeguards are met. There was an action before the Supreme Court of Ontario, in 1989, initiated by three Ontario dentists, who, in support of their action to seek legalization of professional incorporation for dentists, challenged sections 25, 26, 28, 30, and 37(2) of Regulation 447 pursuant to **The Health Disciplines Act**. Notwithstanding Council's support for professional incorporation such must not be achieved at the expense of the provisions of the above sections which are not intended to prohibit incorporation but have purposes far beyond incorporation and need to be retained. Thus if such regulations were struck down it would be essential that new regulations be in readiness to retain the intent of the five sections but permitting professional incorporation.

Accordingly, the Executive Committee successfully sought intervenor status for the College and instructed its general counsel to take such action as is necessary to support the impugned sections of Regulation 447 although giving recognition to the Council's support of professional incorporation.

Although the case was heard prior to year-end, the judgment is not expected to be delivered until early in 1990.

Dental Insurance

The ad hoc sub-committee consisting of Dr. R.M. Beyers (Chair), Mrs. Z.M. Dossett, and the Registrar met with representatives of the Canadian Life and Health Insurance

Association (CLHIA) on June 16. The sub-committee, in the public interest, expressed its concerns relative to the restriction of treatment options within dental plans. CLHIA reported that it is not involved and, essentially, has no interest in the design of the plans. Its function is restricted to administrative aspects. As CLHIA had requested information concerning the role of the College in the Complaints process involving the insurance industry, a document was subsequently prepared on "Insurance Industry and Complaints Procedure."

Approval for a second meeting was given, this time with representatives of the insurance industry who design dental plans. By the end of 1989 it had not been possible to arrange for such a meeting.

PACE

A brochure prepared and distributed by PACE had generated sufficient concern that a legal opinion was sought in respect of possible College jurisdiction. PACE is a promotor of a pre-paid dental plan and is not regulated by The Royal College of Dental Surgeons of Ontario. As a result, a statement in its brochure that "you receive quality dental care" could not be dealt with by the College even if it were considered offensive unless it could be construed as advertising by a member. The College regulates only its members and has no regulatory authority over promoters of prepaid dental plans.

H.E.R.E. Health and Welfare Centre

The College received correspondence from a member alleging that an organization, H.E.R.E. Health and Welfare Centre, is no longer permitting its members to choose freely as among health care professionals. A notice from that organization to the members of the H.E.R.E. Union Local 75 clearly forces all of its members to obtain treatment from specified dentists if they wish re-imbursement. This is contrary to one of the accepted principles agreed to by the RCDS/Ministry of Health Working Group and the reason the College strongly believes that freedom of choice legislation is required.

The College's Legal Counsel has forcefully communicated with the Ministry's representatives to the Working Group.

Accreditation Report

The Executive Committee gave anxious consideration to a request from the Canadian Dental Association for an increased support of accreditation on the basis that the CDA's Executive Council underlines the principle that accreditation is a 'professional service' as distinct from a 'membership self-interest' service. The 1989 CDA accreditation budget estimated a \$138,058 excess of expenses over revenue. The 1988 actual was reported to be a loss of \$95,045. Council, during its May meeting, approved an increase in the 1990 grant to the CDA for support of the accreditation program from the current \$10.00 per member to \$20.00 per member. However, during the November meeting of Council, it was decided not to rescind the earlier action but withhold the increased portion of the grant until it became clearer what action is being taken by the Order of Dentists of Quebec.

Continuing Competence and Communication Strategy

Action was taken to create a Committee on Continuing Competence, transferring to it those aspects of the terms of reference of the General Purpose Committee and the Education Committee relating to what broadly could be depicted as continuing competence, quality assurance, and professional education. The Education Committee was disbanded; the General Purpose Committee was re-constituted including a Sub-Committee on Public Education and Communication to be chaired by a public member of Council with a complement of dentists, dental hygienists, and public representatives. In respect of the latter, Council authorized the development of a communication strategy for the College that will employ a number of communication vehicles to explain the mandate, the purpose and the procedures of the College to the public.

Forum on the Re-imaging of Dentistry

The 1988 **Proceedings** reported on the Forum sponsored by the College and held in Toronto for the purpose of communicating to members and to dental hygienists the current status of the activities of the Health Professions Legislation Review and, in addition, to report on the changing dental care needed to adapt to present population trends and to changing patterns of dental disease.

The event had been successful in terms of its program. However, the much lower than expected attendance by dentists and dental hygienists had been a disappointment. In order to encourage attendance at the Forum, the registration fee had been set low and the event had been scheduled for a Saturday so that a minimum loss of office time, if any, would be incurred.

The financial report for the Forum revealed that the expenditures were \$19,041.80 with revenue from registration fees amounting to \$9,115.00. As a result the College withdrew \$9,926.80 from its general fund to assist with the cost.

It was not possible to publish proceedings of the Forum.

Comprehensive Dentistry Program - Faculty of Dentistry, University of Toronto

In November 1988, Council agreed to provide a grant of \$20,000 to the Faculty of Dentistry of the University of Toronto to assist it in developing its concept of a proposed 'Comprehensive Dentistry Program'. This grant was made contingent upon the simultaneous development of a second program the purpose of which would be remediation in nature. Although the Council remains open to further discussions with the Faculty's representatives, it is clear that, to date, it has not been possible to develop the 'second program' upon which the grant was predicated.

Council continues to evince concern about the paucity of remediation courses for dentists who, through the discipline process or as a consequence of the actions of Executive Committee B, are considered to be in need of such participation. Accordingly, the committee has recommended to the Committee on Continuing Competence that it give consideration to contacting all reasonably nearby educational institutions to ascertain whether courses as required by the College could be made available. In this respect, it is possible that some modest financial assistance could be provided.

Certification of Dental Specialists - A Principles' Approach

Discussion Paper 1, "A principles' approach to certification of dental specialists" was received from the Canadian Dental Association shortly before the May 1989 meeting of Council

allowing insufficient time for the Registration Committee — within whose terms of reference the topic resides — to meet in time to formulate a draft response for the informed consideration of Council. It was agreed that a letter be sent to the CDA expressing interest in the subject but that the preparation of a Council response prior to the deadline was not possible.

Discussion Paper 2, however, was received in time for the Registration Committee to consider it and to prepare a report for Council's consideration in November 1989. This topic is elaborated upon in the report of the Registration Committee.

Dental Hygiene Services in Chronic Care Institutions

The College received a totally reasonable proposal from a highly-regarded chronic care hospital in Toronto. It was requested that the dental hygienist at the hospital be permitted to render dental hygiene care as listed in the regulations under the supervision of a physician member of the hospital formally assigned that duty. The consulting dentist, on site only part time, would assess and prescribe treatment for the Continuing Care patient prior to the dental hygienist performing any acts.

Under the current regulation, direct supervision by a dentist is required for a dental hygienist to perform preventive dental services in a chronic care facility. Council is on record as supporting the exemption of direct supervision in certain circumstances such as in the proposal presented by the chronic care hospital. However, until such time as the Ministry of Health takes action with respect to proposed regulations which were submitted to the Ministry about three years ago, the College is unable to react positively to proposals concerning the provision of important preventive dental services to a needy section of the population. Council reluctantly agreed that all it could do at present is to impress upon the Ministry the importance of addressing this issue at the earliest possible date.

Level II Dental Assistants

Of considerable concern to the Ontario Dental Nurses' and Assistants' Association is the fate of the current section 49 of Regulation 447 concerning preventive dental assistants (essentially, proposed Level II dental assistants). Currently,

in the Health Professions Legislation Review's proposals to Government, no authorizing legislation relating to the regulation of "Level II Dental Assisting" has been proposed. It appears clear the ODN & AA would prefer whatever regulations may eventuate, that they find themselves within the ambit of the RCDS rather than within the regulations of the College of Dental Hygienists.

The Ministry of Health's Professional Relations Branch observes that the Ministry remains "of the view that until the new statutes based on the recommendations of the Health Professions Legislation Review are enacted and the College of Dental Hygienists is in place, it would be premature to develop an education program for the development of a Level II dental assistant. This is because several of the functions the Level II dental assistant would be trained to perform overlap with the proposed scope of practice for dental hygiene."

It is reasonable to infer that at least the Professional Relations Branch seems inclined to have the Level II dental assistants more directly associated with the College of Dental Hygienists. At any rate, further formal approaches to the Ministry with respect of issues relating to dental assisting must await the new legislation.

Contractual Arrangement / Dentist / Dental Hygienist

In connection with a decision of the Tax Court of Canada involving a B.C. dental hygienist, the question of the legality in Ontario of a contractual arrangement between a dentist and a dental hygienist, whereby the hygienist would act as an independent contractor, was addressed.

Because the alternate funding regulations do not specifically address this arrangement, there would be no legal concern unless it were in contravention of the standards of practice of the profession or considered dishonourable, disgraceful, or unprofessional. The Executive Committee, holding the view that there is neither a regulatory nor ethical circumscription, recognizes no impediment to a hygienist employed by a dentist being remunerated on a "commission" basis.

Property Purchase

The Executive Committee was early involved in the deliberations concerning the purchase of the properties at present occupied by the College at 230 St. George Street and next door, 234 St. George Street, currently the home of The Ontario Dental Association. A preliminary report was commissioned dealing with (a) historical designation review, (b) planning restrictions, (c) parking, (d) site orientation, and (e) development options of which four were offered. Following an agreement on feasibility, the Executive Committee — given that the terms of reference of the Finance and Property Committee clearly embrace this activity — referred the matter for further development.

Dental Lasers

The Executive Committee evinced some concerns with the indiscriminate employment of dental lasers. As a consequence, the committee requested the Registrar to gather such information as is available concerning dental lasers. Particularly, the committee wished to ascertain whether the device has been subjected to the appropriate testing and approval mechanism as required by **The Medical Devices Act** and to ascertain whether the device can be used within the recognized standards of practice.

The staff presented a most useful summary of information concerning dental lasers which information was subsequently transmitted to members of Council. Later, a highly-useful statement bearing on American Dental Laser was prepared for dissemination in 1990 as a guideline document to the membership.

Mobile Dental Services

A letter was received from a member advising of the mobile dental services he and two associates provide to the elderly and/or disabled in nursing homes and homes for the aged. Attached to his letter were statements from a number of these homes reflecting positively on the services provided.

The member observed that due to the large set-up costs and restricted access to the patients, he and his associates have consistently lost money. As a result, he is now seeking government assistance to continue the project and requested support.

The committee had no problem with encouraging dentists to provide this kind of service, although, if at all possible, it would be preferable for patients to be taken to a dental office for treatment. The committee felt, however, that the College should not give any endorsement concerning the need for government assistance to **individual** dentists.

"Fathers for Justice"

"Fathers for Justice" is a registered charity, whose purpose is to assist all non-custodial parents and their children with problems relating to access, custody, support, separation, and divorce. In a letter, the organization brought to the attention of the College Section 20(5) of the **Children's Law Reform Act** which states: "The entitlement to access to a child includes the right to visit with and be visited by the child, and the same right as a parent to make inquiries and to be given information as to the health, education, and welfare of the child."

The Executive Committee directed that, as requested by "Fathers for Justice", pertinent information on this issue be communicated to the members of the College via the **Dispatch**.

Dispatch

The College's official publication, **Dispatch**, received considerable attention. An editorial review committee, having final authority for content, was established. The **Dispatch** is now produced without the involvement of outside consultants with significant savings accruing to the College without any diminution in quality.

Distribution of Newsletters

During the meeting of Council, held in November 1988, a motion was adopted stipulating that the College would pay for the cost of production and distribution of official publications of the College but not for those which individual members might wish to distribute themselves. It was agreed that this provision would apply for one year and then be reviewed.

The Executive Committee being unanimously in agreement that, as there have been significant improvements in the content of the **Dispatch**, including — as soon as possible following a meeting of Council — a comprehensive listing

of the highlights of the meeting, recommended — and Council concurred — that the policy of not covering the costs of production and mailing of newsletters of individual Council members be continued.

Position Descriptions for RCDS Staff

The Executive Committee, on three occasions, reviewed position descriptions for RCDS staff, the second time in juxtaposition to a motion adopted by Council during its meeting in December 1987. That motion requested that position descriptions for all staff members specify: level of autonomy in decision-making; level of responsibility delegated to and delegable by the position; level of authority exercised; level of judgment to be exercised; consequences resulting from actions of position holders; level of representation of RCDS.

The Executive Committee was of the view that few of the above criteria are applicable to a small organization, such as the College, whose sole function is the governance of dentists and dental hygienists. It was felt that, to the degree possible, the descriptions as developed had taken into account the previous Council's request.

Council gave approval to the position descriptions without prejudice to further consideration to be exercised from time to time.

Review of Senior Staff Performance

In accordance with a resolution passed by the Executive Committee on January 20, 1989 and ratified by the current Executive Committee, a review of senior staff performance was conducted by the committee during its meeting in September. Council was advised that a conscientious performance review had been completed and no areas of concern had been identified. Appreciation was extended to the senior staff for the significant contributions made by them to the fulfillment of the mandate of the College and the effectuation of the policies of the Council.

Contracts with Registrarial Staff

The Executive Committee was apprised of the fact that all members of the registrarial staff were not party to a written employment agreement with the College. Entering into such

a contractual arrangement is, currently, entirely volitional on the part of a member of the registrarial staff. It was, however, the considered view of the members of the committee, although acknowledging it will continue to be volitional on the part of any current registrarial staff member to continue to be employed without a written contract, that all future appointees to any position on the registrarial staff would, as a condition of employment, be required to effect a written employment contract with the College. The Council agreed.

ODA / RCDS Liaison

In June 1989, a most useful meeting of the College's Executive Committee and the Chair of the RCDS Committee on Continuing Competence and the Management Committee of the ODA was held to discuss matters of mutual interest and concern. The Health Professions Legislation Review, continuing competence, denture therapy, and dental insurance were the main areas of discussion.

ODHA / RCDS Liaison

A co-operative meeting of the College's Executive Committee and the President, Past President and First and Second Vice Presidents of the Ontario Dental Hygienists' Association was held. Views and opinions were exchanged on several subjects including (a) the transition to the College of Dental Hygienists, (b) dental hygiene education including efforts currently being made by the Canadian Dental Hygienists' Association in respect of national examinations, (c) the practice of dental hygiene in institutional settings, (d) continuing education concerns, particularly the mechanism for placing speakers on the 'speakers list', (e) progress concerning the release of RCDS guidelines on infection control.

Registrarial Appointments

With the pending retirement on June 30, 1990, of the College's distinguished Registrar, Dr. Kenneth F. Pownall, it was necessary to provide for a successor. Following the implementation of the search procedures specified in the College's by-laws, Dr. Roger L. Ellis, at the time Deputy Registrar, was appointed, in July 1989, to the post of Registrar, effective July 1, 1990.

Subsequently — again in conformity with the search protocol as stipulated by by-law — Dr. Minna H. Stein was appointed to succeed Dr. Ellis in the post of Deputy-Registrar on July 1, 1990.

Dr. Robert T. Hindman, from Thunder Bay, Ontario is a new member of staff in the position of Assistant Registrar, this appointment to take effect on or about July 1, 1990.

The College looks forward to many years of effective contributions and services from these highly-respected and well qualified members of the profession.

Director, Administrative Services

In 1987, Council commissioned a consulting firm to perform an organizational and operational review of the College. This culminated in a report to Council in April 1988. Among the recommendations was one which proposed the creation of the position of Director, Administrative Services. Following a year's consideration, there was unanimous agreement among members of the Executive Committee that it would be desirable to provide a separation of those activities relating to professional standards from the managing of the College's administrative affairs. Council ratified the proposal.

Late in 1989, Mr. David E. Carruthers, B.Com., C.A. accepted the appointment to the position of Director, Administrative Services, effective January 22, 1990.

Appointment to the Dentistry Review Committee

Council was advised that Dr. Jerome Becker's term of office (6 years) on The Dentistry Review Committee had expired and that the College had been asked by the Ministry of Health to name a replacement to fill the vacancy.

Dr. Gerald Ian Baker of Toronto was recommended to the Ministry for appointment to The Dentistry Review Committee.

The Dentistry Review Committee is a committee of the College authorized under The Health Insurance Act; however, all members are appointed by the Lieutenant Governor in Council. The committee last met in 1983.

Appreciation

The effectiveness of any committee is dependent upon the totality of the contributions of its members and of those who serve in an executive or advisory capacity. Each member of the Executive Committee has brought to its deliberations his or her unique understanding, insights, knowledge, and experience which, when shared with colleagues, enhance the product of the resulting discussions. The Chair is deeply and warmly appreciative of the conscientious contributions of each of his committee colleagues.

The Executive Staff and the College's General Counsel have invariably provided a high quality of resource support and input to facilitate and enhance the discussions on issues as varied as they are numerous. For this, the committee is most grateful.

The Recording Secretary, Ms. Ingrid Kleysteuber, performs the extraordinarily difficult task of separating wheat from chaff resulting in minutes which, at one and the same time, are complete and accurate yet possessed of an economy of words. Her recall of past actions — which is virtually total — is frequently called upon to assist the committee. To Ms. Kleysteuber we offer our warmest thanks and deepest appreciation.

Mrs. Ruth Webster who, among the discharge of other duties, takes responsibility for the accurate and aesthetic production of the correspondence and other written material of the President, renders her services with graciousness, thoroughness, and admirable competence. The President extends his personal gratitude to Mrs. Webster for her efforts on his behalf and, through extension, to the College.

To all members of the competent and dedicated staff who, collectively, so conscientiously serve the interests of the College and those to whom it is responsible, the thanks and appreciation of the Council are enthusiastically conveyed.

Chair: J.E. Stakiw, D.D.S.

Committee Members: R.M. Beyers, Z.M. Dossett, W.J. Dunn, L.L. Mickelson*

The by-laws of the College divides the work and responsibilities of the Executive Committee into two basic categories:

- (a) Executive A Committee is responsible for the matters bearing on the management and direction of the affairs of the College
- (b) Executive B Committee is responsible for matters bearing on issues having cognate relationships to complaints, discipline, and regulations concerning professional misconduct.

The Executive B Committee has the same composition as the Executive A Committee except in cases where a conflict exists because a member also sits on the Discipline Committee. With matters involving dental hygiene, the elected dental hygienist observer assigned to Executive Committee is invited to sit with the Committee during its deliberations.

This Committee met six times during the calendar year and has considered numerous matters. The following list describes the variety of issues placed before the Committee:

- illegal advertising;
- failure to maintain the standards of practice of the profession;
- knowingly submitting a false or misleading account;
- charging fees for services not rendered;
- failure to abide with the terms of an Undertaking given to the College;
- improper use of the authority to prescribe, sell or dispense a drug;
- direction regarding several outstanding discipline referrals;
- fitness to practise;
- investigation regarding the lack of scientific basis for a certain treatment a member renders to the public;
- neglecting to treat or cause to be treated carious lesions in deciduous teeth;
- illegal use of auxiliaries;
- allegations of professional misconduct against dental hygienists;



Mrs. Zita Dossett, (Public Representative)

- anonymous complaints;
- results of investigations ordered under Section 40 of the **Health Disciplines Act**;
- member misrepresenting himself as a specialist;
- referrals from the Complaints Committee;
- results of office monitoring visits;
- illegal use of assumed names;

The majority of matters placed before the Executive B Committee deal with advertising infractions. Current guidelines concerning advertising may be found in the Dentaguide - A Guide to the Practice of Dentistry in Ontario. If there are any questions regarding these guidelines, members of the profession are encouraged to contact College headquarters for assistance.

Be informed before you act.

* May be invited to attend any meetings of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

Chair: P. W. Dean, D.D.S.

Committee Members: G.P. Citrome, M. Harding, J. Ferguson*

The Complaints Committee met for 19 full day meetings during 1989. During these meetings 61 complainants and 63 practitioners were interviewed. Thirty-nine matters were appealed to the Health Disciplines Board (H.D.B.) during 1989 but, 33 of these matters have yet to have decisions issued. Two appeals have been withdrawn. Four decisions have been issued by the H.D.B., each confirming the Complaints Committee's decisions.

The Complaints Committee dealt with 250 written complaints during 1989. It is a relatively simple matter to summarize and categorize the various kinds of cases as indicated below:

Endodontics	25
Periodontics	10
Oral Surgery (including extractions)	16
Prosthodontics (fixed)	26
Prosthodontics (removable)	25
Orthodontics	13
*General dentistry - examinations fillings, etc.	41
Fees - pursuing account	23
Advertising	04
Abuse - verbal or physical	10
Falsifying claims or records	20
*Miscellaneous - unprofessional conduct	37
misuse of auxiliaries, etc.	
Total	250

These statistics are valuable in helping to recognize changing trends, however, the true importance of what the Complaints Committee deals with is not reflected in mere statistics.

The most common complaint voiced by patients is lack of communication. Communication on a level that shows concern for the patient and a recognition that patients do not understand dental technical terms. The old adage "Inform before you Perform" was never truer. Make certain that patients understand your proposed treatment. It is equally important for patients to know the risks and alternatives associated with each procedure. Encourage patients to ask questions. Patients are better able to make a decision based on proper information.

The next step required is to document the fact that you have provided your patients with the necessary information and

record their decision. More often than not, there is no written record of these conversations. In certain situations you should insist that patients sign and date the appropriate notation on their chart.

The Complaints Committee heard a number of cases where dentists were pressured by patients to perform treatment that knowingly was not proper or beyond their capabilities. Subsequently, when the treatment failed or was deemed by the patient to be unsatisfactory, a complaint was lodged. It would be far better not to provide this type of treatment than to find oneself with an unhappy patient and having to appear before the Complaints Committee.

Finally, if something should go wrong, **inform** your patient and take immediate steps to rectify the situation. **Record** these facts on the patient's chart.

Acknowledgements

The Complaints Committee owes a special debt of gratitude to the College staff who skillfully and thoroughly assemble records and study models in a manner that makes our committee work possible. Special thanks to Mrs. Gladys Holder, Mrs. Kay Chuckman and Mrs. Mary McMann.

Dr. James Gillespie is the staff person of first contact for the complainant procedure. His handling of these cases and preparation of information for our Committee is thorough and professional in every detail. Without his expertise the work of our Committee would be difficult if not impossible.

I wish to personally thank the two committee members Dr. George Citrome and Ms. Michele Harding whose hard work and dedication provide a fair and balanced approach to the decisions of the Complaints Committee.

We tend to lose sight of the fact that hundreds of thousands of dental procedures are carried out annually by skillful, thoughtful and caring dentists in our province. They provide one of the highest standards of dental care in the world. Most of these procedures are carried out under very stressful conditions. It is a testimonial to those dentists that so few complaints are dealt with by the Complaints Committee.

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

Chair: G.E. Pitkin, D.D.S.

**Committee Members: E.F. Chubb, F. Dattilo (resigned),
R.T. Lang, E. Luks, G.Nikiforuk, G.C. White, T.G. White,
L.L. Mickelson***

The Discipline Committee dealt with and reported on 14 cases in the 1989 issues of the Dispatch. One of these cases simply disclosed the identity of a member who had appealed a decision of the Committee and whose appeal was unsuccessful. May I reference the reader particularly to the March, June, August and October 1989 copies of the Dispatch for the specifics of these matters.

Our workload seems to be rather a constant as the number of cases we have had to deal with in the past few years has not varied much at all. Considering the fact that we have an ever increasing number of practitioners licensed in this province as well as an ever increasing public awareness of litigation, perhaps the point that our busyness has not likewise noticeably expanded is a good sign. At least, we would like to hope this is so.

The method of reporting our deliberations has undergone a subtle revision this past year. More emphasis is put on disclosing details of transgressions and the actual reasons behind the decisions reached in each case. Less emphasis has been placed on the actual listing of charges.

It is hoped that, by relating our activities in this way, the members of the College may better understand the discipline process and the seriousness with which this Committee deals with its mandate. It is further hoped that the specifics outlined in each case will act as an effective deterrent for any member who would entertain thoughts of emulating any of the infractions we have reported.

The cases dealt with this year ran the gamut of an assorted array of professional wrongdoings and included:

- a) inadequate records (clinical and/or financial) and radiographs;
- b) poor diagnosis;
- c) inadequate, unnecessary or inappropriate treatment;
- d) inappropriate drug prescribing;
- e) excessive fees or fees for services not performed (a form of fraud);
- f) falsification of records; and
- g) permitting unauthorized persons to practice dentistry.

Fraud and falsification of records are often related to those practitioners we dealt with who accepted assignment of dental insurance benefits. The Committee continues to be alarmed at the incidence of this offence and cautions the members that we consider this form of misconduct to be most serious and deal with it appropriately and severely.

Rehabilitation also continues to be the goal of the Discipline Committee in instances where we deal with clinical skill deficiencies. Individuals who take this philosophical opportunity to improve themselves and the services they supply the dental patients of Ontario have benefited to the overall advancement of the profession. Dialogue continues with the providers of dental education to specifically design and streamline remedial courses aimed at correcting the identified practice deficiencies in some of our members. With the coming of legislated continuing competency programs, this will become even more so an essential function of this College.

This is the Chairman's second two-year term heading this Committee and this report represents the halfway point of the second term. The Council of the College seems to have found a niche for me, thankless though it may be, but I hope in some small way to be able to contribute to the betterment of our profession and the protection of the dental interest of the public.



A Discipline hearing in session.

Let me take this opportunity to most sincerely thank the dedicated and hard-working members of my Committee whose sacrifices, exemplary judgments, innovative decisions, and good humour have all helped to make a difficult job almost a pleasure, if being regarded as dentistry's Darth Vader could ever be called a pleasure. The lawyers, who play an integral part in all our deliberations, must also be thanked most wholeheartedly. Their help and patience have been very appreciated. A very special word of gratitude is owed to Dr. Minna Stein who has tolerated the Chair's organizational ideosyncrasies above and beyond the call of duty. As you are aware, Dr. Stein will be assuming the position of Deputy Registrar for the College in the near future and, although the members of the Committee will miss her expertise greatly, we sincerely wish her every success in this new challenge. We have every

faith that she will excel at this senior level as well.

Dr. Stein's most efficient secretary, Ms. Evelyn Gavin, has also been a most capable and reliable asset to the Committee and the College. Her diligence has not gone unnoticed and, on behalf of the Committee, the public, and the profession, I thank her.

As we enter the '90s, let us all dedicate ourselves to excellence, both in our professional and private lives. Dentistry affords us all the means to enrich both of these entities. May we not only realize how lucky we are to have this opportunity but, be thankful for this blessing as well and act accordingly. **Truly serve your fellow man and woman to the very best of your ability.**

*May be invited to attend any meetings of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

Report of the Registration Committee

Chair: E. Luks, D.D.S.

Committee Members: E.F. Chubb, P.W. Dean, J.A. Ferguson

The Registrar handles applications which meet all of the requirements. In total 205 licences were issued for general practice in which all requirements were met. 86 were University of Toronto graduates, 32 University of Western Ontario graduates, and the remaining 84 successfully completed the examinations conducted by the National Dental Examining Board (NDEB). There were 35 specialty certifications granted. These were in the following specialties:

Endodontists

Gregory H. Frazer, James D. Bel, Zareh Ouzounian, Robert D. Wells, Charles Wm. Clarke, Douglas J. McKendry

Oral and Maxillofacial Surgeons

Albert W. Gusenbauer, Frank H. Harreman, Benjamin R. Cooperband, Mark S. Matthews, Paul J. Demers

Orthodontists

Harling N. Pang, George D. Trigylidas, Perry R. Kurz, Mark E. Vukovich, David A. Brown, Michael A. Riva, Natalie M. Gaik, Sheila F. Smith, Donald O. Stubbs, Gregory J. Hergott, Wendy E. Sharpe

Paediatric Dentists

Paul B. Andrews, Gordon L. Roberts

Periodontists

Trevor A. Chin Quee, Lloyd S. Hoffman, Elliott A. Weinstein, Stephen J. Gangbar, Karlis Gravitis, Wayne S. Karp, Morley J. Hunter, Minaz S. Karim

Prosthodontists

Allen R. Burgoyne, Thomas J. Harle

Dental Public Health

Sharat B. Doshi

The RCDS wishes to thank the following consultants for their help in reviewing applications, and assisting the Registration Committee in assessing qualifications:

Specialty	Appointed by RCDS	Appointed by Specialty Group
Dental Public Health	Dr. David Banting	Dr. A. Jack Lee
Endodontics	Dr. J. Keith Hunter	Dr. Lorne Chapnick
Oral Pathology	Dr. John Hardie	Dr. G.P. Wysocki
Oral Radiology	Dr. George C. Stirling	Dr. S.M. Fireman
Oral & Maxillofacial Surgery	Dr. Garry Hurd	Dr. L.A. Smart
Orthodontics	Dr. W.D. Beaton	Dr. R. Bozek
Paedodontics	Dr. Donald A. King	Dr. F. Pulver
Periodontics	Dr. Brian E. Reed	Dr. Robert Turnbull
Prosthodontics	Dr. Philip A. Watson	Dr. B.L. Pedlar

Future Changes in Licensure and Certification Requirements

The Registration Committee has met on several occasions in the past year to consider and review changes in licensure requirements for general dentistry and also certification of specialists.

Specialty Certification

Presently, specialists are certified on the basis of meeting the requirements for general dentistry and completing a post-graduate program in the specialty field that has been accredited by either the Canadian Dental Association (CDA) or the American Dental Association (ADA). Graduates from other programs would qualify for specialty certification upon passing the FRCD(C) fellowship examinations.

In response to the ad hoc committee reviewing certification and licensure of dental specialists of the CDA, the RCDS Council agreed to the following principles as a basis for future ongoing discussions:

1. The process of granting a national certificate in a dental specialty must recognize the authority of licensing bodies in each province.
2. Provincial Licensing Boards should recognize and grant provincial specialty certification to specialists holding a national certificate.
3. The process of granting a national certificate in a dental specialty must be in harmony with national standards for educational programs preparing specialists.
4. The process of granting a national certificate in a dental specialty must be based upon examination of individual candidates or upon their graduation from a specialty educational program accredited by the CDA by means of a process incorporating a review of student performance in the clinical setting.
5. The process of granting a national certificate in a dental specialty must provide for the examination of provincially-licensed dentists who are graduates of non-accredited university-based programs of acceptable length in the dental specialties offered anywhere in the world.
6. The introduction of the new process of granting a national certificate in a dental specialty must initially grant a national certificate to dental specialists who have been granted a provincial certificate.
7. The organization or body examining for national specialty certification must be accountable to and have representation from each Provincial Licensing Authority.
8. The examinations should be of sufficient clinical dimensions that Licensing Authorities could clearly rely on them for certification purposes.

The composition of an examining body has at this time not been determined; however, it is clear the Royal College of Dentists of Canada, as presently constituted, would not meet with the requirements of principle #7.

General Practice Licence

Licensure for general dentistry is presently granted on the basis of graduation from an approved dental program at a Canadian University that has been accredited by the CDA, or by graduation from any other university-based dental program, and passing of the NDEB examinations. Graduates of U.S. dental schools are required to complete the NDEB examinations.

The current process has been criticized by the Task Force on Access to the Professions and Trades in Ontario, as struck by the Ministry of Citizenship. The Task Force views the NDEB examination process as biased and difficult for foreign-trained dentists to meet the necessary requirements. The Task Force, in one of its recommendations, has recommended a procedure of assessing educational equivalency and on that basis, license an applicant which in essence would bypass any RCDS process. At this time, it is not known whether the recommendations of this Task Force will come into effect, but they must, nevertheless, be taken seriously.

Additional pressures to revise the basis for licensure will come from Canadian students studying dentistry in U.S. schools. Upon their return they will be required to write the NDEB examinations to become licensed in the respective provinces. This is the case, in spite of the fact that these students will be graduating from schools accredited indirectly by the CDA, as the CDA accepts the ADA accreditation process. Taken one step further, let us look at the scenario of two dentists, one graduating from a Canadian dental school and then from a post-graduate specialty program in the U.S.. The second Canadian dentist completes both dental and specialty training in the same U.S. dental school. The first dentist is licensed in this province by credentials, in that the general licence is granted on the basis of graduation from a Canadian school and the specialty certificate is granted on the basis of having graduated from a specialty program indirectly accredited by the CDA.

The second dentist, having taken the same post-graduate specialty program, must pass the NDEB examinations in general dentistry before licensure and certification in this province. This is in spite of the fact that this dentist will never practise general dentistry. It would appear that this process is ripe for challenge in the courts, on the basis of Human Rights and Freedoms.

The dual standard of the licensing process has also been challenged by the ADA, whereby the CDA and the ADA had previously agreed by the Reciprocity Agreement to treat graduates of accredited programs in either country in the same manner as those of the home jurisdiction. As this is not the case, the portability of Canadian dentists across the U.S. border may be restricted in the future.

It could be, that the licensing privilege extended to graduates of Canadian dental schools may have to be restricted, and certainly the Registration Committee is in favour of such a process. There are merits in such a change.

The uniform requirement for all licensure applicants to write the same NDEB examination will be viewed as fair and equitable. It would answer the major concerns of the Task Force on Access to the Professions and Trades, it will be equitable to U.S. dental school graduates, and the ADA's needs will be met. It will safeguard the quality of dentistry from unqualified foreign practitioners that may gain access to practise in this province through provisions of the Canada-U.S. Trade Agreement or through the proposed provisions of the Task Force on Access to the Professions.

There is concern that the Ontario dental schools are shifting their emphasis away from excellence in clinical training to research and solutions on the biochemical level. This concerns the licensing body, as does the perception that the NDEB examinations may be unduly difficult as to restrict members of foreign applicants. When all dental graduates write the same examination it will create a natural mechanism that will raise the clinical standards at provincial dental schools, while providing an examination level that is fair to foreign graduates.

The principle of universal NDEB examinations is being recommended to Council by the Registration Committee and it will be addressed at the next meeting of Council. There are many problems associated with the implementation that would have to be worked out. These include manpower, costs and facilities; however, these are not insurmountable and the program could be phased in over a period of time. We can certainly review the U.S. procedures as, in most states, all dental graduates are required to write both the State and Federal board examinations.

Dental Hygiene Appeals

The Registration Committee reviews appeals from candidates who were unsuccessful in the dental hygiene licensing examinations.

There were 5 cases heard with two candidates being granted the opportunity to retake another supplemental examination.

Acknowledgements

As Chair of the Registration Committee, I wish to acknowledge the President of the RCDS, Dr. Wesley Dunn, who has established an atmosphere of fairness and equity, that permits candid discussions and determination of policy on the basis of merit. I wish to express my appreciation on behalf of the Committee to Dr. Roger Ellis, for his organization of the meeting materials, background information and agendas; to Ms. Deborah McLennan for her skillful secretarial assistance, and to Mrs. Linda Strevens for assistance in regard to dental hygiene matters. The interest and dedication of the Committee members resulted in meetings that were productive, and for this I thank them.

Report of the Continuing Competence Committee

Chair: G. Nikiforuk, D.D.S.

**Committee Members: J.A.Ferguson, G.E. Pitkin,
T. Gordon White, F.Dattilo (resigned), W.J. Dunn (ex-officio)**

The Continuing Competence Committee held three meetings: June 7 and October 3, 1989 and January 12, 1990.

The initial objective of the Committee was to do its "homework" with respect to the issue of continuing competence by learning from the programs that have been developed by other Colleges and from the experience of other provinces, the U.S.A. model and from educational sources. This has provided the Committee members with a broad perspective of the challenges and difficulties in developing a cost-effective program of continuing competence and assists in encouraging a proactive rather than a reactive approach.

Table I summarizes the reports and recommendations on continuing competence from the College of Physicians and Surgeons of Ontario, the College of Nurses, the College of Pharmacy and the College of Optometry, as well as the Ontario Dental Association.

NDEB Self-Learning / Self-Assessment Program (SLSA)

The SLSA program is a creative approach to continuing education that incorporates some important attributes.

The December, 1989 Dispatch mailing contained an article about the program as well as a registration form.

Development of a "Standards of Practice" Document

The need for a "Standards of Practice" document in clinical dentistry that will provide some consistency in the evaluation of practices is becoming more apparent.

Since there are no published standards of practice for dentistry in Ontario, and decision making by the Complaints and Discipline Committees would benefit from the availability of written standards of practice; and since program development by the Continuing Competence Committee would be expedited if standards of practice were available; the Council agreed to the following:



Dr. G. Nikiforuk (Chair)

1. **That** a "Standards of Practice" document be drafted, such document to be prepared by means of, but not necessarily restricted to
 - (a) updating the current RCDS Dentaguide and Practice Manual;
 - (b) obtaining statements on "Standards of Practice" relevant to their branch of dentistry from the clinical departments of the Faculties of Dentistry of the University of Toronto and the University of Western Ontario;
 - (c) calling on other dental consultants, as required, to assist with the establishing of standards; and
2. **That** experts who specialize in the writing of "Standards of Practice" manuals be consulted; and
3. **That** a budget be prepared for the development of a "Standards of Practice" document; and further
4. **That** funds be made available to cover consultants' fees for obtaining clinical expertise, such funds not to exceed \$ 8,000.

The objective of the College is to develop a set of guidelines for clinical practice in dentistry from the perspective of the general practitioner. The specialty groups are to develop their own set of guidelines later.

The strategy of the College is to enlist the assistance of several peer practitioners who combine clinical practice and/or university teaching in order to develop guidelines for their respective clinical areas. Subsequently, practitioners of general dentistry will review guidelines to ensure relevance to general practice.

The Committee members are aware that the task of developing an effective continuing competency and quality assurance program will not be simple. Our recommendations will no doubt be the first step in a continuing process. We hope that our recommendations will promote an educational philosophy of continuous improvement over a lifetime and not one of discovering “bad apples”.

Categorization of Practice Problem Areas

Council previously approved the preparation of an analysis of data over the last five years relating to discipline proceedings, the professional liability program and complaints in order to categorize professional misconduct cases and to uncover factors causing professional liability.

Drs. Stein, Fox and Gillespie prepared non-identifiable information relating to their areas of administration which categorized data as depicting one or several of the following:

- (a) Deficiency in knowledge base
- (b) Deficiency in professional skills
- (c) Deficiency in communications
- (d) Behavioural problems, such as drug abuse
- (e) Ethics

The data from “discipline cases” indicated that deficiencies in knowledge base are the most common but that unethical behavioural problems constitute a very significant category.

A review of the professional liability data indicated that approximately 57% of claims fall into the category of deficiency of knowledge and skills. Deficiency in communication with patients comprised about 17% of the claims. Claims related to unethical behaviour were uncommon. **Specialists generate approximately three times as many claims as do general practitioners.**

Data from “complaints” indicated that a deficiency in knowledge base and professional skills gave rise to the majority of complaints. However, unethical behaviour is a significant category.



Dr. T.G. White

Report from the College of Physicians and Surgeons of Ontario.

The objective of the Physician Enhancement Program of the College is to evaluate and enhance clinical and societal competence of physicians. Both self-referred and referred groups may benefit from it.

The process consists of three phases:

Phase I Criteria-based Educational Diagnosis and Evaluation at McMaster University

Knowledge, skills, and attitudes are evaluated.

Phase II The Enhancement Program (individualized)

This is an upgraded and remedial program designed to address needs and deficiencies in the cognitive and non-cognitive domains.

Phase III Summative Re-evaluation - Impact Analysis

The registrant is referred back to the Evaluation Centre.

Report from the Ontario College of Pharmacists

Dr. B. DesRoches, Director of Education of the Ontario College of Pharmacists, provided a detailed outline of the proposal for their continuing competence program.

The major elements of this proposal included:

- (a) Three section register system; namely, active practice with patient contact, active practice without patient contact, and inactive.
- (b) Practice requirement - a minimum of 600 hours over a three year period depending upon the register category.
- (c) Mandatory continuing education requirement of 30 CEU's in a three year period.
- (d) Critical Awareness Issues - the issues are to be determined by the College and include an evaluation component which the pharmacist must complete and submit for assessment (but not grading) by the College.
- (e) A Peer Review process as an integral part of competence assurance. This involves several peer review groups to assess pharmacists on-site on a random basis. The Peer Review involves the following components:
 - (i) assessment of knowledge of Critical Awareness Issues;
 - (ii) simulated patient encounters to investigate prescription and non-prescription drug knowledge and legislation affecting their distribution;
 - (iii) patient medication profile reviews.

Report from the College of Optometrists of Ontario

Dr. I. Baker, Registrar of the College of Optometrists, presented an outline of the procedures for assessing and maintaining the practice standards of the College's members. He stated that the College's standards of practice have been published for many years and stressed the importance of having such standards available to members.

(a) Mandatory Continuing Education

A mandatory continuing education program has been operating for approximately fifteen years. It is not directly linked to renewal of licensure of members; however, failure to meet recommended requirements could result in a review by the Quality Assurance Committee.

(b) Record Review

Dr. Baker advised that the Council of the College of Optometrists has approved in principle the recommendation for an in-office record review as a system of ensuring continuing competence. Dr. Baker stated that records reveal a pattern of practice of practitioners and stressed that developing a system to consistently evaluate records is very important.

(c) Peer Review

This concept begins with the established levels of practice standards. The practitioner administrators employ these standards, thus introducing consistency. The Peer Review "kicks-in" only after observations have been made of the level and standard of practice by the "Appraisal Committee" and after it has made its recommendations.

Dr. Baker differentiated between Quality Assurance and Continuing Competence. The latter asks the question "does the practitioner have an up-to-date knowledge base and can he/she implement this into practice?" This parameter can be measured by an examination. Quality Assurance attempts to determine the standard of delivery of health care in the practitioner's office. The two processes eventually link-up.

Report from the Ontario Dental Association

Dr. G. Sweetnam, Chair of the ODA's ad hoc committee on the Dental Act, expressed the view that a mechanism for maintaining continuing competence would benefit both the public and the profession.

The ODA's recommendations (as yet not approved by the Board) are:

- a mandatory continuing education program
- use of the N.D.E.B. Self-Learning Self-Assessment program
- enforcement of electronic data transfer "profiling"
- the formation of a Continuing Competence Committee
- establishment of a mechanism for remedial programs

Joint meetings between the O.D.A. and the Continuing Competence Committee of the R.C.D.S. will continue.

The Ontario Society of Public Health Dentists

Correspondence was received expressing the concerns of the OSPHD about the continuing competence requirements in the proposed regulation changes as they relate to public health dentists. A detailed report regarding the proposed changes will be submitted by the OSPHD after it has conducted a workshop on the subject of maintaining continuing competence.

Sanctions with Respect to Mandatory Continuing Education

Legal Counsel has advised the Committee that the legal basis to impose sanctions with respect to continuing education is in accordance with the proposed regulation changes to s.27(2).

Appreciation

The Chair wishes to thank all members of the Continuing Competence Committee for their assistance and open-mindedness in attempting to resolve a complex issue. Best wishes are extended to Mr. F. Dattilo who has resigned from Council due to unforeseen circumstances relating to his own work schedule.

Special thanks are due to Dr. R.L. Ellis, Mrs. Linda Strevens and Ms. Deborah McLennan, who assisted immeasurably in the activities of the Committee.

Proposed and Developing Programs of Continuing Competence

Colleges	Mandatory Continuing Education	Criteria-based Assessment and Evaluation	Critical Issues Review	Self-learning/ Self-assessment	Peer Review	Record Review	Practice Requirement	Practice Profile
College of Physicians & Surgeons		•			•			
College of Nurses*		•		•				
College of Pharmacy	•		•		•		•	
College of Optometry*	•				•		•	
O.D.A. Recommendations	•			•				•

*These Colleges have a Standards of Practice document. All Colleges, including Dentistry, have a Discipline and Complaints process in place.

Report of the Dental Hygiene Matters Committee

Chair: Ms. L.L. Mickelson

**Committee Members: Z.M. Dossett, J.A. Ferguson,
T.G. White, W.J. Dunn (ex-officio)**

This publication of the RCDS Proceedings marks the end of a decade. 1990 denotes the completion of five terms, ten years of elected dental hygiene official observer representation on the Council of The Royal College of Dental Surgeons of Ontario. In this capacity I have served on the Council and most of the Committees during the past ten years. As Chair of the Dental Hygiene Matters Committee, I am taking this occasion to review the activities of the dental hygiene representation at the RCDS.

Since 1980, two dental hygienists have participated as full voting members on non-statutory committees, and as non-voting but active members on Council and the statutory Committees of Executive and Registration. We have been called to participate on the statutory committees of Complaints and Discipline, whenever a dental hygienist or a dental hygiene matter has been involved.

During 1984 the **Health Disciplines Act** came under review. Submissions were made to the Health Professions Legislation Review Committee. Opposing positions were put forward with regard to the governance of dental hygienists. As a result, an RCDS/ODHA ad hoc committee was established to discuss future regulation of dental hygienists. Discussions were ongoing during 1984 for the purpose of attempting in order to achieve a compromise solution. The issues were:

1. The numbers and voting status of the dental hygiene representatives on the Council of the College
2. Supervision
3. Scope of Practice
4. A process of mediating dentist/dental hygienist conflict of interest issues.

Discussions did not result in a mutually agreeable mechanism for the continued regulation of dental hygienists by the RCDS. As a result of this breakdown, the ODHA continued to pursue self-regulation for dental hygienists, and the RCDS continued to oppose it.



Ms. L.L. Mickelson (Chair)

In 1986 the Dental Hygiene Matters Committee (DHMC) was struck to deal with dental hygiene issues. Previously, dental hygiene matters, apart from education and licensing examinations, had been discussed by the Executive Committee and/or the Council of the College. Now, most dental hygiene issues are discussed by the DHMC. All major issues must be ratified by Council.

In separating dental hygiene issues, the RCDS acknowledged the status of dental hygiene as a profession with specific concerns. The establishment of this Committee, with a dental hygienist observer as Chair was a progression in the governance of dental hygiene in Ontario.

March 12, 1987, was a very exciting day for dental hygienists in Ontario. The Minister of Health, the Honourable Murray Elston, announced that dental hygienists would have their own governing body. This decision was reached as part of the Health Professions Legislation Review after extensive consultations with the appropriate professions. The Minister stated: "Dental hygienists currently are governed by The Royal College of Dental Surgeons of Ontario. They are not members of the College and sit on the College Council as non-voting observers only. In addition, dental hygienists are employed by dentists and this employer/employee relationship has led to regulatory disagreements."



The College of Dental Hygienists will be established when the new Health Professions Legislation recommendations and **Act** are passed. In the interim, the RCDS continues to regulate dental hygienists.

The College will be structure with the following Committees: Executive, Registration, Complaints, Discipline, Fitness to Practice, and Continuing Competence.

There are to be two licenced acts, recommended by the Health Professions Legislation Review Committee:

1. Performing periodontal scaling and root planing when an order authorizing the performance of this act or procedure in relation to a patient has been made by a dentist.
2. Performing orthodontic and restorative procedures when an order authorizing the performance of this act or procedure in relation to a patient has been made by a dentist.

The Council of the College will be composed of:

- a) not fewer than 7 and not more than 10 persons who are members elected in the number and manner determined by the regulation;
- b) not fewer than 4 and not more than 6 persons who are not members of the Council of a Health Profession as designated by the Health Professions Procedural Code or registered under this **Act** or any other **Act** governing a Health Profession and are appointed by the Lieutenant Governor in Council; and

- c) not fewer than 1 and not more than 2 persons who are members of the College and members of a faculty of dental hygiene of an educational institution in Ontario that conducts a course in dental hygiene and is authorized to grant a diploma or degree in dental hygiene, chosen in the number and manner determined by the regulations.

In 1987 the Task Force on Dental Hygiene Transition was struck. Council supported the Task Force's recommendation that a special levy of \$40.00 per dental hygienist be included with the annual licensing fees for the years 1989 and 1990. The funds collected have been invested and are accumulating interest. These funds will be used for the establishment of the College of Dental Hygienists. (For details of the Transition Committee report please refer to the RCDS 1988 Proceedings).

The Dental Hygiene Matters Committee has dealt with many issues during the past four years. A few important issues are outlined as follows:

In 1984 the Minister of Education's Task Force on Dental Hygiene Education recommended that the Community College dental hygiene programs be accredited to ensure the quality of dental hygiene education. This Task Force addressed many issues that impacted on dental hygiene education.

One of the final recommendations of the Task Force was: "...that the RCDS attend at scheduled clinical periods during the last few weeks of the program". The long term objective was to discontinue the RCDS examination of individual dental hygiene graduates and to introduce an alternate method of assessment based on the process of clinical education and evaluation.

As a result of this recommendation, a Committee on Alternate Examination Procedures for Dental Hygienists was struck with representatives from the RCDS and the Ministry of Colleges and Universities.

Mrs. Linda Strevens, Executive Assistant at the RCDS chaired the Committee. Members worked cooperatively to establish an **On-site Visit Pilot Project**. Guidelines were refined with the assistance of external expertise.

Purpose of the On-site Visits

Representatives of the licensing or regulatory body participated as observers during the on-site visit of selected Community College dental hygiene programs. The purpose was to ascertain that graduates met certain clinical standards and that they were prepared for the changing perspective of dental health care.

Objectives of the On-site Visits

1. to assure that graduates can apply theoretical knowledge to the practical setting;
2. to assess that didactic knowledge and preclinical education are integrated with clinical performance.

Dr. George Browes and Mrs. Jacklyn Ferguson, the initial visitation team, visited Confederation College in Thunder Bay, and Niagara College in Welland in 1987. Durham College in Oshawa and Cambrian College in Sudbury were randomly selected to participate in the 1988 on-site visits. A second team, composed of Dr. Julian Tsafaroff and Mrs. Vivian McGuire, was added for the 1988 visits.

The on-site visits reviewed the clinical educational process and clinical preparedness of typical students (the outcome of didactic and clinical education). Accordingly, the visits were designed to permit the observation of the clinical performance of individual students. These students, in this process, were viewed as a sample of the educational program and its clinical educational component.

The Pilot Project (Pilot) was successful in that the visitation teams were able to observe the integration of preventive didactic knowledge with clinical performance.

The “Pilot” confirmed findings of the Canadian Dental Association’s accreditation reports which concluded that the present Ontario dental hygiene educational process is too compressed.

The Pilot Project identified areas in the dental hygiene curriculum that required revision or improvement. The compressed nature of the dental hygiene program presented many concerns for the Visitation Teams. One of these was the actual timing of the on-site visits. It was crucial for the regulatory body to assure itself that students would be proficient at the time of graduation. The present length of the program makes this aspect difficult. Also, the writing and reporting process became too challenging in the compressed framework between the visits and Council meetings.

Based on the conclusions of the RCDS Visitation Teams it became obvious that graduates were being trained as **focused technicians**, rather than being educated as **health care providers**. Many of the findings of the Teams support the comments that were in the RCDS 1986 Brief submitted to the Ontario Council of Regents.

The 1986 proposal recommended that the dental hygiene course be a stand alone, direct entry program, separate from dental assisting. To have continued the “Pilot” would have contradicted the RCDS proposal to the Government.

As a result of the information received from the reports of the Pilot Project On-Site Visits, the DHMC recommended, and Council supported, “that the RCDS Pilot Project be put in abeyance until the Ministry of Colleges and Universities has re-evaluated the Dental Hygiene Course curriculum and length.”

The RCDS Proposal Re: Two Year Direct Entry Dental Hygiene

A report to the Ontario Council of Regents of the Ministry of Colleges and Universities containing strong recommendations for a consecutive two year dental hygiene program was submitted by the RCDS in June, 1986.

Presently, admissions into dental hygiene programs in the majority of the colleges requires applicants to be graduate dental assistants, certified or certifiable, with a specified amount of work experience. This process tends to discriminate against males.

The reports from the accreditation teams of the CDA and the Pilot Project Teams of the RCDS indicates that the present dental hygiene programs require decompression, or lengthening. Fifteen years ago, dental hygiene was a direct entry two year program at the Faculty of Dentistry, University of Toronto. Now, dental hygiene is a one year course at Colleges of Applied Arts and Technology with dental assisting being a prerequisite. Even though several duties have been added to the dental hygienists' scope of practice and the curriculum, the course length has been **reduced** to eight months instead of **extended**.

The Ministry of Colleges and Universities is not prepared to make any changes in the training and education of dental hygienists at this time. They have stated that: "The Health Professions Legislation Review has identified that dental hygiene will be a self-regulating profession. The Ministry of Health has confirmed this. The implications of this for the educational institutions are uncertain and it would, therefore, be better to await the outcome of the current process".

George Brown College Expanded Duty Dental Hygiene Program

In November, 1985, Council approved that the RCDS conduct an extensive on-site visit of the George Brown College EDDH program in lieu of the qualifying examinations of the expanded duty dental hygienists.

In 1989 the DHMC held several meetings to address various concerns as reported in the 1988 on-site visit report. Upon the committee's assessment of the information derived from these meetings it became evident that improvements were required in order to properly assess the overall educational process.

The DHMC, with direct input from previous team members, revised the EDDH on-site visit guidelines. Using the revised guidelines, the Visitation Team revisited the EDDH program for assessment. The qualifying examinations of the RCDS will continue to be waived provided the on-site visit revised guidelines and recommendations have been met and implemented.

Dental Assistants

In the last few years the DHMC met with representatives of the Ontario Dental Nurses' and Assistants' Association. In 1988 the RCDS Council adopted the concept of an Ontario Certified Dental Assistant Level II course. The Ministry of Colleges and Universities was approached about phasing out the current Level I training in favour of Level II, and providing an upgrading program for those currently at Level I. However, the Ministry is not prepared to make any changes in the training and education of dental assistants or dental hygienists until the Health Professions Legislation Review process has been completed.

Continuing Education

Presently, the RCDS provides financial assistance to George Brown College for conducting the only dental hygiene refresher course in Ontario. This course serves a need for dental hygienists returning to the work force, dental hygienists upgrading their knowledge and techniques, and dental hygienists from out-of-province who want to prepare for the Ontario dental hygiene licensing examinations.

Many continuing education courses held by the University of Toronto are open to dental hygienists.

The Continuing Competence Committee of the College of Dental Hygienists will be required to develop mechanisms to ensure that the proficiency of the graduate dental hygienist is maintained.

Manpower

In 1987, the Government permitted the Colleges of Applied Arts and Technology to increase their enrolment by 20%. It was anticipated that this increase would meet future manpower needs without creating an oversupply of dental hygienists.

In 1988, the Chair met with Dr. Akervall several times to discuss drafting a questionnaire about dental hygiene utilization. It became apparent that the shortage of dental hygienists is related to changes in employment patterns and the shift in emphasis in dental practices from restorative to preventive services.

As a result of discussions, the information gathering process on the licence renewal forms was changed. This statistical data, obtained from the licence renewal forms of the dentists and dental hygienists will be correlated and provide more accurate information about the true, available manpower in various geographical locations.

Table 1, appended to this report, outlines the results of the data taken from the licence renewal forms (not including the new correlation). Table 2 outlines the 1989 dental hygiene licensing examination results.

Legislation

Issues such as entry and re-entry to dental hygiene practice, complaints, discipline and continuing competence should be formulated and passed by the College of Dental Hygienists. It was anticipated that at this time, an interim council would have been established. As this is not yet the case, a sub-committee of dental hygienists, Chaired by Mrs. Jackie Ferguson, is looking at these issues.

Conclusion

I extend thanks to all dental hygienists who nominated, elected, and acclaimed me. You gave me the opportunity to work with some interesting, challenging and wise people these past ten years.

I appreciate the efforts of all committee members and staff personnel that have worked with me for four years.

I am especially grateful to Mrs. Linda Strevens for her valuable contribution.

Results - 1989 Questionnaire

(A) i) Statistical

a) Total number read	3,208
b) Total number of responses	3,021
c) Total number of "didn't respond"	187
d) Total number of errors	1
e) Total number of non-renewals	187 (same as "c")

ii) Employment Status

a) Total number of dental hygienists employed full-time minimum of (5 days/week)	1,299 or 42.99%
b) Total number of dental hygienists employed 4 or more days/week	1,936 or 64.08%
c) Total number of dental hygienists employed 4 days/week	637 or 21.08%
d) Total number of dental hygienists employed 3 days/week	450 or 14.89%
e) Total number of dental hygienists employed 2 days/week	304 or 10.06%
f) Total number of dental hygienists employed 1 day/week	74 or 2.44%
g) Overall total of dental hygienists employed	2,799 or 92.65%
h) Total number of dental hygienists employed part-time (4,3,2,1 days/week)	1,465 or 48.49%
i) Total number of dental hygienists employed part-time [3,2,1 days/week	828 or 27.40%

(Note: if consider 4 days per week as full-time employment)

iii) Employment Status / Year of Registration

a) Using the base of 5 days/week

Number of Years				
Since Registration	Response	Total Response	%	Non-renewal
(1 - 10)	1,003	1,925	52.10	109
(11 - 20)	236	856	27.57	52
(21 +)	60	240	25.00	26
Total	1,299	3,021		187

ie. 1,299 or 42.99% are employed 5 days/week.

b) Using the base of 4 or more days/week as **full-time** employment

Number of Years				
Since Registration	Response	Total Response	%	Non-renewal
(1 - 10)	1,415	1,925	73.50	109
(11 - 20)	411	856	48.01	52
(21 +)	110	240	45.83	26
Total	1,936	3,021		187

ie. 1,936 or 64.08% are employed 4 or more days/week.

c) Using the base of 4 days/week

Number of Years				
Since Registration	Response	Total Response	%	Non-renewal
(1 - 10)	412	1,925	21.40	109
(11 - 20)	175	856	20.44	52
(21 +)	50	240	20.83	26
Total	637	3,021		187

ie. 637 or 21.08% are employed 4 days/week.

d) Using the base of 3 days/week

Number of Years				
Since Registration	Response	Total Response	%	Non-renewal
(1 - 10)	232	1,925	12.05	109
(11 - 20)	172	856	20.09	52
(21 +)	46	240	19.16	26
Total	450	3,021		187

ie. 450 or 14.89% are employed 3 days/week.

e) Using a base of 2 days/week

Number of Years				
Since Registration	Response	Total Response	%	Non-renewal
(1 - 10)	140	1,925	7.27	109
(11 - 20)	128	856	14.95	52
(21 +)	36	240	15.00	26
Total	304	3,021		187

ie. 304 or 10.06% are employed 2 days/week.

f) Using a base of 1 day/week

Number of Years				
Since Registration	Response	Total Response	%	Non-renewal
(1 - 10)	34	1,925	1.76	109
(11 - 20)	28	856	3.27	52
(21 +)	12	240	5.00	26
Total	74	3,021		187

ie. 74 or 2.44% are employed 1 day/week.

g) Total number of those employed part-time (4,3,2,1 days/week)

Number of Years					
Since Registration	Response	Total Response	%	Non-renewal	N/R*
(1 - 10)	831	1,925	43.16	109	13
(11 - 20)	516	856	60.28	52	13
(21 +)	153	240	63.75	26	9
Total	1,500	3,021		187	35

ie. 1,500 or 49.65 are employed part-time based on 4 or less days/week.

*Note: N/R No response of 35. ie. the category of "part-time" was indicated but the specific category of number of days was not indicated.

h) Total number of those employed part-time (3,2,1 days/week)

Number of Years					
Since Registration	Response	Total Response	%	Non-renewal	N/R
(1 - 10)	406	1,925	21.09	109	13
(11 - 20)	328	856	38.31	52	13
(21 +)	94	240	39.16	26	9
Total	828	3,021		187	35

ie. 828 or 27.40% are employed part-time based on 3 or less days/week.

i) Total number of dental hygienists employed

Number of Years					
Since Registration	Response	Total Response	%	Non-renewal	N/R
(1 - 10)	1,834	1,925	95.27	109	13
(11 - 20)	752	856	87.85	52	13
(21 +)	213	240	88.75	26	9
Total	2,799	3,021		187	35

ie. 2,799 or 92.65 are employed.

j) Total number of dental hygienists voluntarily unemployed

Number of Years					
Since Registration	Response	Total Response	%	Non-renewal	
(1 - 10)	77	1,925	4.00	109	
(11 - 20)	96	856	11.21	52	
(21 +)	26	240	10.83	26	
Total	199	3,021		187	

ie. 199 or 6.58% are voluntarily unemployed.

k) Total number of dental hygienists seeking employment

Number of Years					
Since Registration	Response	Total Response	%	Non-renewal	
(1 - 10)	40	1,925	2.07	109	
(11 - 20)	16	856	1.86	52	
(21 +)	3	240	1.25	26	
Total	59	3,021		187	

ie. 59 or 1.95% are seeking employment.

B) Employment Distribution

a) Working part-time but would work full-time if suitable position was available.

Total Response 1,079

Breakdown:

Those responding "yes" 100 or 3.3%

Those responding "no" 979 or 32.4%

ie. of those responding 100 or 3.3% are employed part-time but would consider full-time employment if a suitable position was available.

b) Working full-time but would work part-time if suitable position was available.

Total Response 202

Breakdown:

Those responding "yes" 47 or 1.55%

Those responding "no" 155 or 5.13%

ie. Of those responding 47 or 1.55% are employed full-time but would consider part-time employment if a suitable position was available.

C) Expanded Duty Dental Hygienists

i) Statistical File

a) Total number read	246
b) Total number of responses	233
c) Total number of "no response"	13*

(* NOTE: 13 did not respond as they were not of E.D.D.H.status until March 1989 and therefore did not complete the licence renewal form as an EO).

ii) Employment Status

a) Total number employed full-time	95 or 40.77%
b) Total number employed part-time	122 or 52.36%
c) Total number employed	207 or 88.84%
d) Total number voluntarily unemployed	15 or 6.43%
e) Total number employed part-time but seeking further employment as an E.D.D.H.	1 or .42%

iii) Employment Distribution

a) Total number employed	
4 or more days/week	146 or 62.66%
b) Total number employed 4 days/week	51 or 21.88%
c) Total number employed 3 days/week	38 or 16.30%
d) Total number employed 2 days/week	21 or 9.01%
e) Total number employed 1 day/week	9 or 3.86%

iv) Average number of days / week expanded duties are performed

a) Of those employed full-time - 1.12 days/week
b) Of those employed part-time - 49 days/week

Dental Hygiene Licensing Examination Results - 1989

College	Number of Candidates	Clinical Results		% Failure
		Pass	Fail	
Algonquin (Ottawa)	35	31	4	11.4
Canadore (North Bay)	15	13	2	13.3
Cambrian (Sudbury)	16	15	1	6.2
Confederation (Thunder Bay)	13	12	1	7.7
Durham (Oshawa)	24	21	3	12.5
Fanshawe (London)	16	14	2	12.5
George Brown (Toronto)	36	28	8	22.2
Georgian (Orillia)	6	5	1	16.6
Cambrian (BIL) (Sudbury)	12	11	1	8.3
Seneca (Toronto)	18	17	1	5.5
St. Clair (Windsor)	25	22	3	12.0
Total (C.A.A.T.S.)	216	189	27	12.5
Out of Province	84	63	21*	25
Supplementals	48	39	9	18.7

C.A.A.T.S Licensed = 189

Total Number of Dental Hygienists eligible for licensure = 291

* Note: Includes written and/or clinical

Chair: J.E. Stakiw, D.M.D.

Committee Members: J.A. Ferguson, E. Luks, R.G. Redgrave, T.G. White, W.J. Dunn (ex-officio)

Finance

The Committee met to set an interim budget for Council approval in April with a final budget (as appended) receiving approval in November.

Other matters considered by the Committee included:

1. indexation of pensions for College staff;
2. purchase of a facsimile machine and an answering machine for use by the President of the College;
3. increase in the professional liability premium;
4. establishment of an Audit Committee as a sub-committee of the Finance and Property Committee.

Property

Meetings were also held on several occasions to consider options related to developing the properties at 230 and 234 St. George Street in Toronto (purchased in 1988). The final decision was to develop the site by retaining and renovating the existing buildings and constructing an addition, in common, at the rear of both properties. This structure would include meeting rooms for Complaints and Discipline Committees and a Council Chamber large enough to allow open meetings. The Professional Liability Program would have a separate location in the building. Other self-regulating professional groups have expressed interest in leasing or buying space in the complex.

Council allocated \$20,000.00 for a preliminary study related to developing both properties.

The Finance and Property Committee will sign a contract with an architectural firm and liaise with the Annex Ratepayers Association, City Hall and historical boards on the proposed use of the properties. Recommendations as to the financing costs of developing the properties will be presented to Council in 1990. The planning process, development of the working drawings and obtaining building permits is estimated over two years. Construction and renovations will occupy one to one and one-half years.



Dr. J. E. Stakiw (Chair)

Appreciation

The Finance and Property Committee has been quite busy this year. I would like to thank the members for their unfailing attendance at several evening meetings, their hard work and the clarity of their business and financial logic.

Details of Budget for 1990

Income

A. Dentists 5700 @ 1010.00	5,757,000.00
Dentists Registration 90 @ 100.00	9,000.00
Less Portion to P.L.P	(3,534,000.00)
Less New Building Portion	(228,000.00)
	2,004,000.00
B. Hygienists 3800 @ 155.00	589,000
Hygiene Registration 310 @ 25.00	7,750
	596,750.00
Less Set-up Portion (College of Dental Hygienists)	(152,000.00)
	444,750.00
C. Examination Fees	75,000.00
Income from Dental Hygiene Exams	
D. Interest	100,000.00
Interest rates appear to be increasing.	
E. Sundry	15,000.00
F. Professional Liability Program	
Administrative Charge	329,668.00
	2,968,418.00

Professional Liability Program
(continued)

Details:	
Salaries & Benefits	\$251,968.00
Rent	28,000.00
Telephone	4,500.00
Mail/Cour. Print./Supplies	20,000.00
Furniture	5,000.00
Equipment	12,000.00
Facsimile	5,200.00
	\$329,668.00

Expenses

G. Staff Salaries and Benefits	1,271,255.00
This represents a cost of living increase of 6% plus salaries of two additional staff for 1990. Benefits have been increased.	
H. Postage & Courier	136,500.00
Mailing costs have increased.	
I. Printing, Stationery & Supplies	155,000.00
Slight increase in costs.	
J. Telephone	25,000.00
Some additional equipment due to increase in staff.	
K. Equipment	100,000.00
Do not anticipate any major purchases in equipment.	
This amount includes rental of equipment.	

L. Property	81,300.00
See Property schedule	
M. Staff Travel & Training	70,000.00
N. Examinations	100,000.00
Cost of administering Dental Hygiene examinations.	
O. Council Fees	290,000.00
Reflects proposed increase in fees to Council and Committee Members.	
P. Continuing Education	90,000.00
Q. Professional Fees	311,000.00
Legal 280,000.00	
Audit 11,000.00	
Consultant 20,000.00	
R. Witness and Court Reporter Fees	10,000.00
Fees paid to witnesses and reporters for Discipline Hearings.	
S. Council Insurance	3,500.00
Travel insurance for Members of Council while on Council business.	
T. Council & Committee Expenses	100,000.00
Includes accommodation, meals, transportation, telephone calls etc. while on College business.	
U. Grants	115,200.00
For details see Grants schedule.	
V. Administrative Expenses	25,000.00
W. Contingency Fund	50,000.00



Properties at
230 and 234
St. George Street
purchased in
1988

Income		Actual 1988	Budget 1989	Budget 1990
A.	Fees & Reg. - Dentists	4,915,275	5,184,250	5,766,000
	Less P.L.P. Premium	3,221,725	3,263,125	3,534,000
	Less New Building Portion	—	—	228,000
		1,693,550	1,921,125	2,004,000
B.	Fees & Reg. Hygienists	369,624	500,000	596,750
	Less set-up fund		(132,000)	(152,000)
C.	Dental Hygienists Exams & Assessment Fees	64,585	75,000	75,000
D.	Interest	165,146	75,000	100,000
E.	Sundry	12,753	12,000	15,000
F.	Admin. Charge - P.L.P.	117,000	320,000	329,668
		2,422,658	2,771,125	2,968,418

Expenses

G.	Salaries & Benefits	949,983	1,067,900	1,271,255
H.	Postage & Courier	119,795	130,000	136,500
I.	Print. Stat. & Supp.	177,101	150,000	155,000
J.	Telephone	18,358	20,000	25,000
K.	Equipment	165,464	140,000	100,000
L.	Property	57,977	102,200	81,300
M.	Staff Travel & Training	53,605	63,000	70,000
N.	Examinations Hygienists	106,111	100,000	100,000
O.	Council Fees	296,312	275,000	290,000
P.	Cont. Education	62,836	95,000	90,000
Q.	Professional Fees - Legal	290,970	275,000	280,000
	- Audit	9,100	11,000	11,000
	- Consult.	11,310	15,000	20,000
R.	Witness & Court Rep Fees	7,173	10,000	10,000
S.	Council Insurance	3,004	3,000	3,500
T.	Council & Comm Exp	71,923	100,000	100,000
U.	Grants	64,520	68,500	115,200
V.	Admin Expenses	107,826	25,000	25,000
W.	Contingency Fund	50,000	50,000	50,000
		2,623,368	2,700,600	2,933,755

Surplus or (Deficit)	(200,710)	70,525	34,663
----------------------	-----------	--------	--------

Property	Actual 1988	Budget 1989	Budget 1990
Caretaking	8,400	9,000	9,050
Insurance	4,865	5,500	5,500
Taxes	15,527	16,000	17,500
Renovations	—	10,000	9,650
Utilities	11,270	14,000	11,270
Laundry	468	500	480
Window Cleaning	792	1,000	850
Gardening	838	700	850
Snow Removal	558	800	800
Fire Extinguishers	—	200	—
Cleaning Supplies	2,875	3,000	3,000
Maintenance & Repairs	12,384	8,000	8,000
Maint. & Repairs 425 Univ.	—	—	5,000
Rent (PLP office at 425 University Ave.)	—	33,500	10,000
	57,977	102,200	81,300

Grants

Can. Dental Assoc.*	52,450	56,000	103,200
Can. Fund-Dent. Educ.	1,000	1,000	1,000
U of T. - RCDS Scholsp-Sc.	250	500	500
U of T. Wilmott Scholsp.	750	750	750
U of T. Deans Discretionary	750	750	750
U of T. Faculty Contingency	1,000	1,000	1,000
U of T. Faculty Dental Res.	1,000	1,000	1,000
UWO RCDS Award in Sci.	250	500	500
UWO RCDS Scholarship	750	750	750
UWO Deans Discretionary Fd.	750	750	750
UWO Faculty Contingency	1,000	1,000	1,000
UWO Faculty Dental Res.	1,000	1,000	1,000
Other**	3,500	—	—
National Forum Lic. Authority	70	3,500	3,000
	64,520	68,500	115,200

* \$20. per licensed dentist as of March 31, 1990

** grant to U. of T. School of continuing studies plus student relations

Chair: R.T. Lang, D.D.S.

Committee Members: F. Dattilo, J.A. Ferguson, G. Nikiforuk, W.J. Dunn (ex-officio)

The General Purpose Committee consists of one public representative, two dentists and one dental hygienist.

The function of the Committee is to study and make recommendations to Council on matters related to the following topics:

Dental Implants

The Committee had input from numerous groups involved with dental implantology. Based on this input the Committee revised the College's Guidelines on Dental Implants. These new guidelines have been distributed to all members.

Anaesthesia and Sedation

Under the auspices of the General Purpose Committee, an ad hoc committee was formed for the purpose of drafting revised guidelines respecting anaesthesia and sedation as practised by the dental profession.

To this end, the College was fortunate in recruiting nine members of the profession with an interest in anaesthesia and sedation. In addition to Dr. Gillespie of our staff who acted as Chair, the Committee was composed of the following:

Dr. G. Beber, a part-time faculty member in the Department of Anaesthesia, Faculty of Dentistry, University of Toronto, who regularly performs anaesthesia and sedation in his practice;

Dr. H. Dexter, member of the Conscious Sedation Study Club in whose office anaesthesia and sedation is provided;

Dr. V. Drenfeld, Oral and Maxillofacial Surgeon;

Dr. P. Lamantia, Oral and Maxillofacial Surgeon, Past President of the Ontario Society of Oral and Maxillofacial Surgeons;

Dr. R. Locke, Professor and Chair of the Department of Anaesthesia at the Faculty of Dentistry, University of Toronto;

Dr. K.F. Moore, Oral and Maxillofacial Surgeon, current President of the Ontario Society of Oral and Maxillofacial Surgeons;

Dr. I. Schofield, Oral and Maxillofacial Surgeon, instructor in anaesthesia and sedation, Faculty of Dentistry, University of Western Ontario;

Dr. E. Schwartz, Paedodontist, active member of the Conscious Sedation and Anaesthesia Study Club;

Dr. S. Small, longtime educator in and practitioner of anaesthesia and sedation.

This Committee devoted a considerable amount of time and effort drafting these new guidelines. The Committee convened for a total of eight meetings, roughly on a monthly basis, beginning in November of 1988 and ending in July of this year. During their deliberations, the members had an opportunity to consult with two physicians, Dr. James Young, Ontario's Deputy Chief Coroner, and Dr. Art Dunn of the Anaesthetic Review Committee of the Coroner's office (this Committee reviews all fatalities associated with the administration of general anaesthesia in the Province).

The Committee felt that although the very brief document which constituted the previous guidelines fulfilled an important function over the past several years, the time had come to produce a more detailed document in which the professional responsibilities of dentists involved in this treatment modality would be more clearly and thoroughly enunciated.

The Committee recognized that due to an increased public awareness resulting, in part, from unfortunate deaths of patients in a dental office in British Columbia, there was a need for the College to reassess its guidelines and revise them in such a way as to diffuse any criticism which may arise due to a lack of clarity or clear direction to the profession.

Although some members of the Committee had different views as to the most appropriate form the guidelines should take, all members entered into the project in a spirit of co-operation recognizing that the final draft of the guidelines would, of necessity, reflect a consensus view.

Unfortunately, during the latter part of the Committee's deliberations, a death occurred in Ontario which was related to the delivery of anaesthesia in a dental office. This had

been the first such fatality in several years and it gave added impetus to the Committee's deliberations. The consultations with the Deputy Chief Coroner and a member of the Anaesthetic Review Committee for the Province arose indirectly as a result of this death.

Fortunately, the College was in a position to say that it was actively reviewing its guidelines at the very time this death occurred. Accordingly, the Committee was able to assure the Deputy Chief Coroner that the guidelines would be prepared and ready for approval by the Council as quickly as reasonably possible.

The new guidelines were approved at the November Council Meeting and were distributed to all members early in 1990. These guidelines replace the previous guidelines issued in 1983.

Delivery of Dental Care to Patients in Institutions, Public Health and Collective Living Centres

The Committee strongly supports continuing education programs in this area. It will also continue to dialogue with the Ministry of Health and the Ontario Society of Public Health Dentists when issues arise.

RCDS Representation on Council

Due to the very heavy workload carried by all the members of Council, coupled with the difficulty in staying in touch with the dentists across our large province in 1988, a request was made to the Minister of Health that our Council be increased by 3 dentists. The government has still not approved the request.

Sub-Committee on Public Education and Communication

In accordance with the College's by-laws, the public representative of the General Purpose Committee chairs this sub-committee.

To date, members have addressed the issue of "public education" as it was thought to be appropriate for a professional governing body. This includes such topics as:

- (a) an assessment of the public's needs
- (b) information on alternative payment methods, resolving patient/dentist disputes, the role of the College and dental insurance plans
- (c) methods of disseminating information to the public

With the resignation of Mr. F. Dattilo from Council, the position of Chair is currently vacant. The sub-committee will resume its activities once the Chair has been filled.

Conclusion

As Chair of the Committee, I would like to express my sincere gratitude to Dr. James Gillespie for his kind assistance and support, and for the many long hours he spent working with the ad hoc committee drafting the new Guidelines on Anaesthesia and Sedation. If it were not for Dr. Gillespie's extensive background knowledge in the field of anaesthesia, coupled with his patience and skill as a negotiator, these guidelines could not have been produced.

Report of the Legal and Legislation Committee

Chair: R.M. Beyers, D.D.S.

Committee Members: G.P. Citrome, J.A. Ferguson, M. Harding, R.T. Lang, W.J. Dunn (ex-officio)

The By-Laws of the Royal College of Dental Surgeons ascribe to the Legal and Legislation Committee responsibilities including: to study, review and report on matters having legal, legislative, or regulatory significance for the practice of dentistry in Ontario and for the governance of the College and its members. These matters originate from many sources including the Council itself or the committees of the Council as well as the government, other regulatory bodies, or interested groups or individuals in the community.

Continuing Competence Committee

This Committee shall develop, establish, and administer a continuing competence program for the purpose of maintaining and enhancing the competence and standards of practice of members in the care of patients and the practice of dentistry.

This Committee expands upon and replaces the former Education Committee.

The new **Dentistry Act** which will culminate from the ongoing Health Professions Legislation Review will include Continuing Competence as a statutory committee. (The makeup and responsibilities of statutory committees are dictated by the government through the Act. Current statutory committees are Executive, Registration, Complaints and Discipline.)

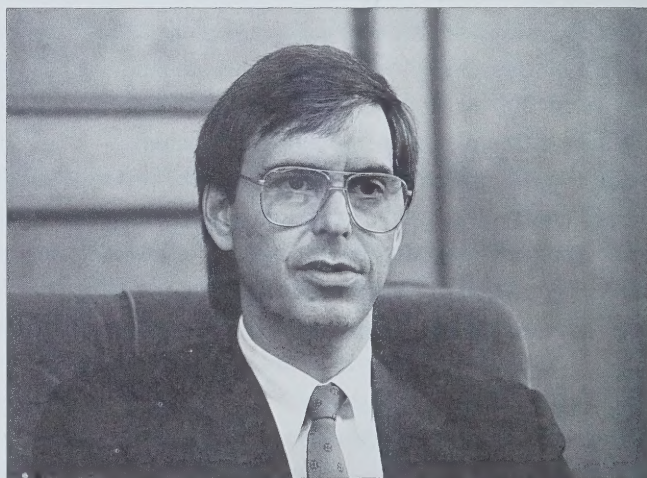
General Purpose Committee

This committee shall study and make recommendations on:

- (a) delivery of dental care to patients in institutions, public health and collective living centres
- (b) anaesthesia and sedation
- (c) manpower
- (d) dental implants
- (e) infection control
- (f) public education and communication



Dr. R.M. Beyers (Chair)



Mr. A.C. Bromstein (legal counsel)

Excessive Fees

Section 37(5) of Regulation 447 under the **Health Disciplines Act** states that it is professional misconduct to charge fees that are excessive and unreasonable in relation to the services performed. To assist in the interpretation of this regulation, guidelines have been adopted by Council.

Guidelines for interpreting Section 37 (5) of Regulation 447 under the Health Disciplines Act

Section 37(5) of Regulation 447 under the **Health Disciplines Act** makes it professional misconduct to "charge fees that are excessive or unreasonable in relation to services

performed”. In determining whether a fee is excessive or unreasonable as those words are used in that section, the College will consider the following:

For a fee not to be excessive or unreasonable in relation to services performed, the fee ought properly to be fair and reasonable as determined by the following factors:

- (a) the time and responsibility required and involved;
- (b) the difficulty of the procedure;
- (c) whether special skill or services were required or provided;
- (d) the results obtained;
- (e) the fees suggested as a guide by the provincial dental association or authorized by statute or regulation or, where neither of the above exist, the usual fee which would be charged by a practitioner with similar qualifications;
- (f) the full disclosure by the member, in advance of the treatment, of the fee to be charged;
- (g) other special circumstances including whether the service was an emergency service;

A fee will not be considered fair and reasonable and will therefore be considered excessive or unreasonable if it cannot be justified in light of all of the pertinent circumstances including such of the above factors as are appropriate.

Non-Profit Community Health Associations

This alternative to traditional fee-for-service method of provision of health care is increasing in popularity. One of

the current regulations, section 37(21) governing the practice of dentistry in Ontario prohibits the employment of dentists by these Associations. The government is being requested to consider a change in the regulation to remove this obstruction. It is doubtful that this recommendation for a regulation change will receive consideration. Several other recommendations for regulation changes submitted to the government during the past few years have not received consideration. It appears the government is awaiting the new **Dentistry Act** before considering redrafting any regulations.

Advertising

The changes in restrictions on advertising by the Law Society and the College of Physicians and Surgeons have been noted. Work continues toward a position which will permit the dissemination of information by dental practitioners which is useful to the public, while restricting advertising that is frankly promotional.

Health Care Information and Privacy Act

The government has commenced a consultative process towards the development of this **Act**. The College will be participating.

Statute of Limitation Legislation

The Ministry of the Attorney General has begun a process leading to a new statute of limitations. The College will be involved in its development.

Independent Health Facilities Act

This is another initiative by the government to provide alternative health delivery modes. At the present time, this **Act** does not appear to impact on dental care delivery. The Committee is monitoring developments and will provide input if appropriate.

Report of the Professional Liability Program Committee

Chair: G.C. White, D.D.S.

**Committee Members: L.L. Mickelson, G.E. Pitkin,
R.G. Redgrave, W.J. Dunn, (ex-officio)**

Our annual report will, as is usual, present for your consideration several tables that will provide members with information about the Program. Some comments will be provided about the Statistics presented. In addition, as Chair of the Committee, I would like to comment on claims that are increasing in frequency and causing us serious concern. These are claims where the dentist allows himself/herself to be talked into rendering a service that is different from the one recommended. Let me illustrate by summarizing three claims presently before us.

Claim 1 - Our member determined that the patient's periodontal condition was such that replacement crowns were contra-indicated. He allowed himself to be persuaded to provide the service. The patient is now dissatisfied with the results, is being treated by other practitioners and is suing for \$120,000.00.

Claim 2 - The patient wanted implants that the dentist was convinced had little chance of success. He allowed himself to be talked into providing the service. The implants failed. Our member is being sued for \$375,000.00.

Claim 3 - A patient with a history of heart disease and who had undergone open heart surgery presented for treatment. After the examination our member allowed himself to be talked into doing a prophylaxis in spite of the fact that the patient had not been premedicated. The patient developed sub-bacterial endocarditis and died. Our member and two physicians are being sued for \$2,500,000.00.

In spite of frequent reminders about the quality of records, many charts only record the services rendered. Some only show the treatment code. **This is inadequate.** Record the material used and quantities where applicable, the warnings given relative to post-operative complications and risks, and the subject of discussions with the patient. The ideal would be to send to the patient a letter including the treatment plan decided and the gist of any discussion.

Last year's report indicated a 16% decline in the number of claims opened in 1988 as compared to 1987. This year we have to report a 33% increase between 1988 and 1989. In 1973 we opened 29 claims all year. In 1989 we averaged 31 per month. In the first twelve years of the Program, we recorded 8 claims where our members were sued for over \$1,000,000.00. In the last twelve months, we opened 6 such claims.

As reported for the last two years, more work is being done "in house" in an effort to control costs. This system appears to be working effectively and the Program continues to provide the best coverage at the lowest cost to members. For this I would like to thank Dr. Fox and his staff. In addition I would extend my thanks to the members of my Committee whose valuable assistance aided me in the discharging of my responsibilities.

You are the professional - Do Not Compromise

Claims Experience — January, 1990

Closed Files		From 1973															Total	
		To	76	77	78	79	80	81	82	83	84	85	86	87	88	89		
Claims Payment	\$0	95	47	49	58	41	60	73	63	225	157	166	188	172	58	1,452	61.83%	
\$ 1 —	1,000	49	12	19	28	31	24	20	15	14	18	18	16	1	3	268	11.41%	
1,001 —	5,000	38	14	21	22	20	28	31	36	40	32	34	31	16	8	371	15.80%	
5,001 —	10,000	9	2	8	4	2	15	12	15	13	15	24	9	11	0	139	5.91%	
10,001 —	15,000	6	2	4	1	5	5	7	5	3	3	4	2	1	0	48	2.04%	
15,001 —	25,000	4	0	1	3	1	4	4	5	5	5	5	2	1	1	41	1.74%	
25,001 —	50,000	0	1	0	2	1	1	4	3	5	1	1	1	0	0	20	.85%	
50,001 —	100,000	2	1	0	0	2	1	1	0	0	1	0	0	0	0	8	.34%	
100,001—	1,000,000	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	.04%	
Closed Cases		203	80	102	118	103	138	152	142	305	232	252	249	202	70	2,348	100.00%	
Outstanding Cases		0	0	0	1	1	2	2	5	16	18	39	89	78	302	553		
Total Claims		203	80	102	119	104	140	154	147	321	250	291	338	280	372	2,901		

Resume of Closed Files:

61.83% were closed with no claims payment or legal fees.	
73.24% were closed with claims payments and legal fees under	\$ 1,000.00
89.04% were closed with claims payments and legal fees under	5,000.00
94.95% were closed with claims payments and legal fees under	10,000.00
96.99% were closed with claims payments and legal fees under	15,000.00
98.73% were closed with claims payments and legal fees under	25,000.00
99.58% were closed with claims payments and legal fees under	50,000.00
99.92% were closed with claims payments and legal fees under	100,000.00
99.96% were closed with claims payments and legal fees under	1,000,000.00

(1) Number of Records Read	2,905
(2) Failed Year Range Test	4
(3) Failed Dollar Range Test	0
(4) Records Closed	2,348
(5) Records Outstanding	553

Errors = (1) - (2) + (3) + (4) + (5) 0

Areas of Dentistry — January 1990

Year	Endo- dontics	Operative Dentistry	Ortho- dontics	Perio- dontics	Prosthodontics Fixed	Prosthodontics Removable	Surgery	Radiology	General Dentistry	Unknown
1973	1	8	0	2	0	4	14	0	0	1
1974	7	7	4	1	8	1	27	0	5	1
1975	4	8	0	0	5	2	23	0	1	0
1976	8	4	1	0	10	9	23	1	13	0
1977	9	16	3	1	13	4	24	0	10	0
1978	15	15	3	8	16	4	31	1	9	0
1979	17	6	3	6	23	10	36	0	18	0
1980	14	11	2	3	6	4	39	1	23	1
1981	10	12	8	3	13	9	64	0	21	0
1982	27	11	10	1	24	7	49	0	25	0
1983	24	4	5	4	20	8	45	0	37	0
1984	31	9	72	6	33	15	81	1	73	0
1985	37	15	7	10	34	17	75	0	55	0
1986	35	30	25	5	34	13	95	3	51	0
1987	40	34	23	9	42	26	96	3	64	1
1988	32	38	23	12	24	23	87	2	39	0
1989	79	76	14	19	34	16	96	0	35	3
Total	390	304	203	90	339	172	905	12	479	7

Primary Causes By Year—January 1990

Cause Description	From	1973															Total
	To	1976	77	78	79	80	81	82	83	84	85	86	87	88	89		
0		2													2	4	
1 Untoward Reaction to Drugs/Anaesthesia		4	1	2	1	2	1	2	4	12	19	5	13	7	8	81	
2 Anaes. Accident – Incapacitation		2									1	1				4	
3 Anaes. Accident – Death			1	1	1	1					1	2	2	3		12	
4 Extraction Wrong/Extra Tooth/Teeth		20	3	5	8	9	16	10	8	10	12	22	19	13	14	169	
5 Failure to Diagnose or Treat		13	7	15	13	10	14	17	13	19	28	28	36	22	46	281	
6 Fracture of Mandible		17	8	2	5	1		1	2	5	3	1	1	1		47	
7 Ingestion of Instrument/Material		10	4	1	2	2	1		1	3	3	1	2	2	2	34	
8 Inhalation of Instrument/Material		1			2	1	1							1		6	
9 Instrument Breakage Tooth/Tissue		6	3	5	4	7		6	7	5	2	8	5	5	9	72	
10 Parasthesia-Following Surgery		9	4	5	4	8	14	14	14	30	15	21	22	19	18	197	
11 Parasthesia-Following Injection		6	2	3		3	2	2	4	8	14	9	15	7	16	91	
12 Perforation of Sinus		4	1	2	3		1	1	3	1	1	7	7	2	8	41	
13 Roots not Removed		1			1	1	2	1		4		3	2	2	3	20	
14 Soft Tissue Trauma		17	5	1	5	5	10	10	3	12	9	12	19	7	7	122	
15 Trismus		3	1	2				4	1	1	4	3	4	5	2	30	
16 Unsatisfactory Dentures		14	4	4	10	4	9	7	10	16	15	14	21	21	17	166	
17 Unsatisfactory Fixed Bridge(s)		20	13	14	16	7	10	23	21	26	34	31	39	25	26	305	
18 Unsatisfactory Operative		9	5	12	4	7	12	9	7	12	10	20	22	21	39	189	
19 Unsatisfactory Orthodontics		4	2	2	1	2	5	5	4	69	5	21	14	17	12	163	
20 Unsatisfactory Periodontics					3	2	1	1	3	3	3	2	6	4	4	32	
21 Unsatisfactory R. C. Therapy		6	4	11	13	9	4	14	11	21	21	14	24	27	63	242	
22 Unsatisfactory Oral Surgery		4	6	3	3	7	16	6	11	16	19	19	20	27	24	181	
23 Treatment of Wrong Tooth		1	1	1		1	1	2	2	3	5	8	4	1	4	34	
24 Fracture of Tooth		13	3	1	3	5	3	4	4	2	7	4	1	4	1	55	
25 Death Following/During Treatment		4	1	4	1		3	1		7	2	2	1			26	
26 Untoward Reaction to Treatment		5	1	2	4	3	5	10	10	8	6	11	9	15	20	109	
27 Unsatisfactory Implant(s)		1			1		1			1	1	2	4	1	4	16	
28 Other		7		4	11	7	8	4	4	27	10	20	26	21	23	172	

2,901

(1) Number of Records Read 2,901
(2) Failed Year Range Test 0
Processed = (1) - (2) 2,901

Secondary Causes By Year—January, 1990

Cause Description	From 1973															Total
	To	1976	77	78	79	80	81	82	83	84	85	86	87	88	89	
0		2													3	5
1 Absence or failure of follow-up	4	5	8	5	4	2	5	3	11	6	13	15	11	7		99
2 Inadequate Records	2			2	1	1	2	2		2	4			2		18
3 Inexperience	2	2	2			4	2	8	7	5	9	11	7	9		68
4 Insufficient X-Rays	8	1	6	2	2		2	5	4	2	5	3	3	2		45
5 Lack of Informed Consent	11	1	4	10	6	10	21	24	21	31	27	15	19	15		215
6 Lack of Signed Consent	2	2		1	1		1	3		2	3	2				17
7 Overbooked – Too Busy	1				1	3		2			2			3		12
8 Poor Communication	17	8	13	8	27	33	30	20	32	54	52	45	23	12		374
9 Pursuing Outstanding Account	18	8	5	15	10	8	14	15	17	17	24	21	14	23		209
10 No Apparent Secondary Cause	132	53	64	76	52	79	76	64	228	127	141	225	200	296		1,813
11 Under Influence Drugs/Alcohol	1									1						2
12 Equipment Malfunction	3							1	1	1	3	11	1	3		24

(1) Number of Records Read	2,901	2,901
(2) Failed Year Range Test	0	
Processed = (1) - (2)	2,901	

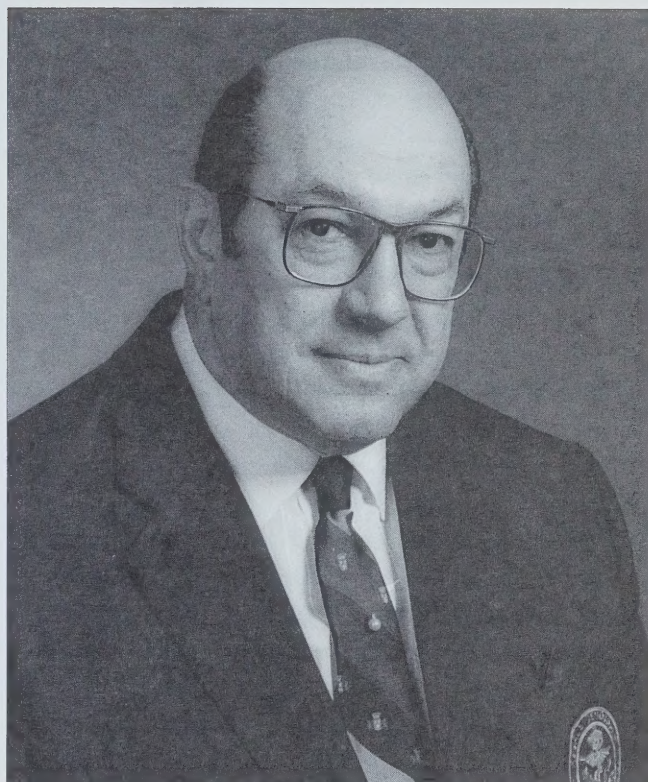
**Report of the Dean of the Faculty of Dentistry,
University of Toronto**

Norman Levine, B.A., D.D.S., Dip. Paedo., M.Sc.D., F.R.C.D.(C)

It is indeed a privilege for me to serve as the interim Dean of my Alma Mater in this the 30th year since my graduation. That both of these milestones in my professional career have occurred on the brink of a new decade is certainly a coincidence. The changes that have occurred in these 30 years due to dental research, technological advancement, clinical practice and the use of auxiliaries have literally reshaped our profession. Some will argue that not all the changes have been good, but then that is reality. What is important is that as a profession we have been able to build on our positive experiences and learn from our mistakes. These changes have resulted in the control and elimination of much of the dental disease and in the provision of the highest level of dental care to more people in society than ever before. Dental care is not a luxury, it is a necessity; and so the physically-disabled, mentally-handicapped, the chronically-ill, and medically-compromised have also benefited from changes in the dental educational system. Our Faculty has always been at the forefront in initiating change, and if one is to lead, then criticism will also be forthcoming.

Some say that the "golden years" of dentistry are over. I am an optimist and say that we are just beginning a new era. There is little doubt that we will be tested from time to time at every level, for example the right to self-governance, quality assurance, and the very fibre of our existence — our educational programs. However, if we are united, Profession and Faculty, we will survive for we are inextricably involved, **we are one.**

As a result of the Provostial review, the Faculty will undergo some major changes in the next decade with respect to its leadership, mission, curriculum, research emphasis and certainly its student involvement. The first class of 64 has registered and this small class will provide us with an



unprecedented opportunity to change the educational system from one which has been traditional in its delivery and content to individualization with more student contact, self instruction, and problem-solving and hopefully for those interested, opportunities for student research. We will have to guard against the total replacement of role modelling with computerized education, but I am confident this can be done.

The emphasis of the University towards community based health education programs with a special emphasis on the elderly will undoubtedly apply to dental education and as a matter of information the Department of Paediatric Dentistry has already moved in this direction with its senior undergraduate students gaining both societal exposure and dental experience in the Community clinics of Toronto.

Public and political pressure will dictate the need for an ever greater expansion of both continuing and basic educational programs. Our Faculty must be committed and capable of responding to this directive.

Clinical and research activities must be supported and will continue to centre around the elimination of dental disease, the biocompatibility of materials we use, the development of new materials and material systems, a broader understanding of facial and dental pain, the development of new and innovative teaching models, both clinical and didactic, as well as growth and development of the cranio-facial-dental complex to mention a few of the currently active areas.

I referred earlier to the “very fibre of our existence” and I want to assure you that in spite of an annual diminishing budget, this Faculty is and will be productive because of its committed staff and equally committed alumni. We will continue to seek your input and support so that the fibre remains strong and viable.

Scholarly Activity and Academic Distinctions

The Faculty continues to develop its outstanding reputation locally, nationally and internationally. Many of its members, full and part-time, serve as elected representatives of various Associations. Its members also continue to be prolific in their publications, research and participation at various meetings. Awards and distinctions continue to be given to our staff and we have every reason to be proud of their accomplishments.

Appointments and Promotions

Drs. H. Limeback, D. Locker, M. Sigal, M. Pharoah, have been promoted to the rank of Associate Professor with tenure. Dr. D. Kenny to the rank of full professor. Dr. Jane E. Aubin, Director of Post-Graduate and Graduate Education

Dr. J.B. Davies (Biomaterials), Associate Professor
Dr. D. Haas (Anaesthesia), Assistant Professor
Dr. A.H. Melcher, appointed University of Toronto Vice-Provost
Dr. O. Mowafy (Restorative), Assistant Professor
Dr. A.R. Ten Cate, appointed Vice-Provost, Health Sciences, University of Toronto

Education

The total enrolment in the Faculty’s Degree and Diploma programs follows:

Undergraduate	1988-89	1989-90
First year	105	67
Second year	99	103
Third year	98	98
Fourth year	88	98
Total	390	366

Post Graduate and Graduate

Post Graduate	55	15 graduated
Ph.D.	13	1 graduated
Masters	30	2 graduated
Interns	28	



Research and Funding

Source	University- Administered \$ Value	Quantity	% Distributed
Medical Research Council Health & Welfare Canada NSERC	1,958,891.00	39	68.52
Other Federal Agencies			
Ontario Ministry of Health	181,381.00	4	6.34
Other Ontario Gov't.			
National Foundations	85,624.66	7	2.99
Ontario Foundations	26,823.00	1	.94
Corporations	18,000.00	1	.64
Local Agencies, Donors Estates	215,524.00	3	7.54
Internal Univ. Sources	206,709.09	20	7.23
External Univ. Sources			
American Sources	74,458.00	1	2.60
Other Foreign Sources	91,578.00	1	3.20
Not Reported			
Section I Total	2,858,988.75	77	100.00

This is an increase of \$457,930.77 over last year.

I would like to note in this report the passing of Dr. R.G. Ellis, Dean Emeritus and Dr. H.A. Hunter, Professor Emeritus. The contributions of these two educators, not to just our Faculty but to dental education in general, have been of outstanding significance.

As a final note I wish to acknowledge that many of our staff were honoured at the President's inaugural reception of the University's 25 Year Club for their commitment to the Faculty and to the University.

To all of you just a simple thank you.



Report of the Dean of the Faculty of Dentistry, University of Western Ontario

**Ralph I. Brooke, B.Ch.D., L.D.S., F.D.S., R.C.S., M.R.C.P.,
L.R.C.S.**

General

Dr. Alan Kwong Hing, a 1989 graduate, took the Edward H. Hatton award for the most meritorious poster presentation on original research at the annual meeting of the International Association for Dental Research held in Dublin in June. Dr. Kwong Hing, who graduated with distinction, was also the recipient of the University of Western Ontario gold medal in addition to several other awards. He was the first student at Western to simultaneously pursue an M.Sc. in addition to his D.D.S.

Western hosted the biennial conference of the Association of Canadian Faculties of Dentistry from June 10-16 at the Sheraton Armouries Hotel in London, Ontario. At a dinner hosted by the Faculty, the very informative presentation on Dental Anthropology was given by Dean Eموke Szathmary of the Faculty of Social Sciences.

At the Convocation ceremony in June, Dr. Richard Ten Cate, the retiring Dean of the Faculty of Dentistry at the University of Toronto, was awarded an honorary Doctor of Science Degree.

A Faculty retreat was held in September, when matters relating to the curriculum, especially in relationship to comprehensive care, were discussed.

The 1989 M.R.C. Visiting Professor was Dr. Alan A. Lowe, University of British Columbia.

Faculty Affairs

The terms of reference for the Advisory Committee to the Dean of Promotion and Tenure have been amended. Three senior members of the Faculty will meet with the Dean to advise him on the suitability of eligible faculty who should be recommended to the Joint Faculty Promotion and Tenure Committee.



A homecoming brunch with 65 alumni in attendance, featuring presentations by members of the Faculty was held in October.

A Research Club has been established, under the aegis of Dr. John Hamilton, Assistant Dean (Research). It meets on a regular basis.

Dr. Ralph Brooke has been reappointed as Dean for a seven-year term. Dr. Brooke is the incoming President of the Association of Canadian Faculties of Dentistry.

Dr. Wesley Dunn has been elected President of The Royal College of Dental Surgeons of Ontario for a two-year period. Dr. Martin Kavaliers has been named Chair of the Division of Oral Biology.

Dr. Stanley Kogon has assumed the Chair of the Divisions of Periodontics & Oral Radiology in addition to his current Chair of the Division of Oral Medicine.

Dr. Robert J. McConnell has been named Chair of the Division of Biomaterials Science.

Drs. Dan J. Morrow, Donald F. MacLean, William A. Gray and David P. Wood have been appointed to the Faculty effected July 1, 1989.

Resigning this year were Dr. David C. Way, Dr. W.J. Dunn, Dr. J.A. Reid, Dr. D.H. Skinner, Dr. L. Boksman and Dr. R.E. Jordan.

Curriculum

Steps are being taken to implement a comprehensive care program for our dental patients by September, 1990.

The course offerings of the Department of Physiology have been changed to give a special course in Physiology for dental students. Previously the course had been taken with medical students.

The course offerings of the Department of Pharmacology have been amended to provide for two courses taught in alternate years to the combined second and third year classes.

Changes in the courses of the Division of Removable Prosthodontics will provide for the integration of students into the clinic in the first year of the dental program. Over the next four years, changes to all four years of the undergraduate program will be phased in.

Student Affairs

The first Chinese-Canadian Professional Education Foundation Entrance Scholarship was awarded in September to Mr. Yan How-Chun-Lun.

Mr. Robert Teasdale was selected to represent the Faculty at the American Dental Association Student Research Conference in Buffalo, N.Y. in April.

Mr. Peter Taylor was selected winner of the London & District Dental Society's student clinic competition and he represented the Faculty at the Canadian Dental Association's program.

Dr. Alan Kwong Hing received the Wesley & Jean Dunn Fellowship for 1989-90. He is pursuing graduate studies in Periodontics at the University of Toronto.

Eight students were awarded student research scholarships for the summer of 1989. Five of these were supported by the Medical Research Council of Canada with support also being received from the Canadian Fund for Dental Education and the Faculty.

Student Performance

The following statistics are presented for information for the 1988-89 academic year:

Fourth Year:	40 students	- 9 with honours
Third Year:	39 students	- 3 with honours
Second Year:	40 students	- 14 with honours
First Year:	40 students	- 14 with honours

Undergraduate Program

A total of 515 applications were processed for admission prior to the 1988-89 academic year. This is a decrease of 48 from the previous year. The following statistics are presented for the Class of 1992, relative to the Classes of 1989, 1990, and 1991.

	1989	1990	1991	1992
Class size:	40	40	40	40
Females	6	10	12	15
Males	34	30	28	25

Qualifications of admitted applicants:				
- at least two years of 'B' average performance in pre-professional University training	40	40	40	40
- class average based on best two years preceding admission	80.7%	81.1%	83.7%	84.2%

	1989	1990	1991	1992
Dental Aptitude Test:				
- average carving dexterity	5.60	5.48	5.05	4.22
- average PMAT	5.62	5.85	4.90	4.12
No. with Ontario Grade XIII:	39	34	34	31
No. Ontario scholars:	30	23	25	24
No. with degrees:	21	27	22	29
Married:	2	3	0	0
Age: Range	20-27	20-40	20-28	19-25
Median	23	22	22	22
Average	23.50	23	22.4	22
Residence: Ontario	37	37	36	33
Other provinces	3	3	4	7

Continuing Dental Education

Homecoming Brunch in October was very well attended with brief talks given by the honorary class presidents, Dr. George Wysocki, Dr. Walter Teteruck and a new Faculty member, Dr. Martin I. Kavaliers.

A two-day Fall Symposium on “**Direct Bonding** - Methods and Materials” included speakers from Canada and the U.S. The course assisted the profession in keeping abreast with this rapidly changing area of dentistry.

Update '89, a course for dentists who are current and want to remain current, was held in January. Seven clinicians from the Faculty presented material in their respective areas. The office of Continuing Dental Education co-ordinated the XV Biennial week-long Conference of the Association of Canadian Faculties of Dentistry and the Canadian Association of Dental Research which was hosted by the Faculty of Dentistry at U.W.O.

Osseointegration in Clinical Dentistry (Prosthodontic Implants), a new course in C.D.E. was very successful again this year. It drew participants from Canada and the United States.

The year also featured a number of excellent C.D.E. programs that were offered by many divisions in the Faculty.

Research

A total amount of \$383,632.00 was received in grants from external as well as university sources during 1988-89.

Report of the Inspector
Sam Evans

Investigations

During the twelve month period ending October 31, 1989, 139 various types of occurrences have required investigations. A great number of these were complaints dealing with advertising; two of the most common being telephone numbers on exterior signs, and oversized lettering.

Double Doctoring

Double doctoring, which is a criminal offence, is on the increase. The College of Physicians and Surgeons, in an effort to combat this problem, has instituted an exchange of information conference. The conference was attended by members of the various Colleges associated with the **Health Disciplines Act**, the police, insurance companies, and the Bureau of Dangerous Drugs. A great deal of knowledge and ideas were exchanged. In Toronto, the Metro Police have formed a Prescription Squad and have asked for the assistance of the RCDS.

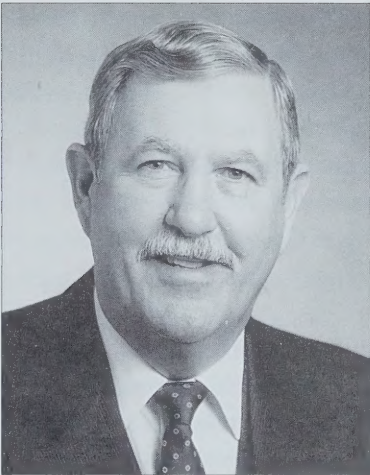
Practising Without a Licence

As a result of information received, an investigation of an illegal dental office complete with two operatories and exterior dental signs was carried out. This illegal practice was being carried on by a man who was a lab technician in his native country, and who decided to set up a dental practice in Hamilton. He was discovered as a result of a complaint from a person who had poor quality bridge work done. A summons was issued and the man will appear in Hamilton court, in early January, 1990.

Dentists Arrested on Criminal Charges

(not related to dentistry)

- Three dentists are waiting trial on the following criminal charges:
- Dentist A - Two counts - trafficking in cocaine.
One count - offer to sell cocaine.
 - Dentist B - One count - possession of cocaine for the purpose of trafficking.
 - Dentist C - One count - mischief.



Another dentist who was convicted of sexual assault in 1988 and sentenced to prison for two years less one day, is still waiting for his appeal to be heard.

These trials, when held, will be monitored and subsequent reports submitted.

Dentist Convicted of Dangerous Driving

A dentist was convicted of dangerous driving. He was given a suspended sentence with two years probation; the terms of the probation are that he be of good behaviour, keep the peace and receive psychiatric treatment at a Psychiatric Hospital. The charge stemmed from a high speed police chase.

Report of the National Dental Examining Board of Canada (NDEB)

Philip Watson, D.D.S., M.S.D.*

The National Dental Examining Board of Canada was established by an Act of Parliament in 1952. The purpose of the Board is to establish qualifying conditions for a single standard national dental certificate of qualification and to ensure that the examinations will be acceptable to all participating licensing bodies in Canada.

Process for Certification

The NDEB certificate can be obtained by two methods. One is by successful completion of the NDEB examination and the other is by graduation from a university accredited by the Council on Education and Accreditation of the Canadian Dental Association. Therefore, at the present time, all graduates of dental schools outside Canada are certified by successful completion of the NDEB examination. Graduates of Canadian Universities receive the NDEB certificate provided their school meets the standards of accreditation and submits the required application and administrative fee to the NDEB. The NDEB participates in the accreditation process and recovers those costs through the fees paid by applicants of schools accredited by this process.

External Review

Each year the NDEB assesses its certification mechanisms and makes adjustments where indicated in order to assure clarity, balance and relevance to general practice utilizing curricula outlines from undergraduate dental programs in Canada. In addition to this self-assessment, the NDEB has initiated several external evaluation procedures over the years; the most recent effort, which will take place this year, has been the engagement of the Honourable W.D. Parker to review NDEB by-laws and policies. Input will be sought from all provincial licensing authorities.

Examination Structure

The NDEB examination consists of a written examination involving three days, and is followed by a clinical examination. The written examination, in multiple choice format, includes the clinical and basic science disciplines. The clinical examination comprises three parts. Part A, conducted on manikins, is designed to assess a candidate's



ability in operative dentistry prior to treating patients. Part B, requiring three days, is designed to determine a candidate's ability in evaluation, diagnosis and management of patients. This involves written responses in order to test abilities to recognize and diagnose oral pathological conditions and formulate a logical sequence of treatment, ability to examine and assess oral health and disease from radiographs, clinical photographs and photomicrographs, and responses to demonstrate a knowledge of systemic conditions, past or present, that may compromise dental treatment or require special patient care.

In Part B, the requirement to perform the clinical phase of complete denture therapy up to and including the trial prosthesis has been replaced by an examination of knowledge and ability to diagnose and treat occlusal problems. This change took effect for the May 1989 examination. Candidates no longer need to secure an edentulous patient for the examination. The diagnosis and treatment of occlusal problems is examined both with

patients and models provided by the NDEB. Candidates are required to carry out an impression procedure consistent with acceptable standards for immediate complete denture therapy.

Part C, extending over 3 days, and involving patient treatment, is designed to determine a candidate's competence to carry out a variety of restorative procedures that meet standards similar to those expected from students graduating from Canadian schools with accreditation status.

Effective January 1, 1990, a candidate has the privilege of taking each part of the clinical examination (A,B,C) two times. A candidate who fails one part (A,B,C) of the clinical examination two times will be required to repeat the written examination. For further explanation, a candidate can fail Part A once, Part B once and Part C once without repeating the written examination.

Legal Activities

It is uncertain whether the Federal or Provincial Human Rights Commissions have jurisdiction to investigate complaints about policies of the NDEB. The NDEB was informed that leave to appeal has been granted in the Supreme Court of Canada to determine this jurisdiction.

The NDEB was informed that the British Columbia Council of Human Rights had completed the investigation of a complaint against the NDEB. The NDEB was told by the British Columbia Council of Human Rights that the results of the investigation did not support further proceedings.

Reports from Other Organizations

At the annual Board Meeting, the NDEB was addressed by the President of the Canadian Dental Association, the Chair of the CDA Council on Education and Accreditation, the President of the RCDS and the representative from the CDA Committee on Student Affairs.

* Dr. Philip Watson is the Ontario representative appointed by the RCDS to the National Dental Examining Board.

Chair: E.G. Sonley, D.D.S.

Committee Members: G.I. Baker, B. Donaldson, A.F. Dungy, A. McGuinness

The Dentistry Review Committee is a Committee of the College authorized under **The Health Insurance Act**. It is activated only when the General Manager of OHIP has reason to question a billing submitted by a dentist.

The General Manager has not had grounds to make a referral to this Committee since 1982; accordingly, the Committee has not met since then.

All members of this Committee are appointed by the Lieutenant Governor in Council. This year the Committee welcomed Mrs. Alma McGuinness and Dr. Gerald I. Baker, both from Toronto, as newly appointed members.

Kenneth F. Pownall, D.D.S.

Introduction

The following audited financial statements for the year 1988 are presented to the members of the Council of the College and to all other members of the College.

The auditors, Thorne Ernst and Whinney confirm that these financial statements present fairly the financial position of the College as at December 31, 1988 and the results of its operations for that year.

The financial statements for the year 1989 will not be audited and presented to Council until April 1990; accordingly, they are not available to be included in this publication at this time.

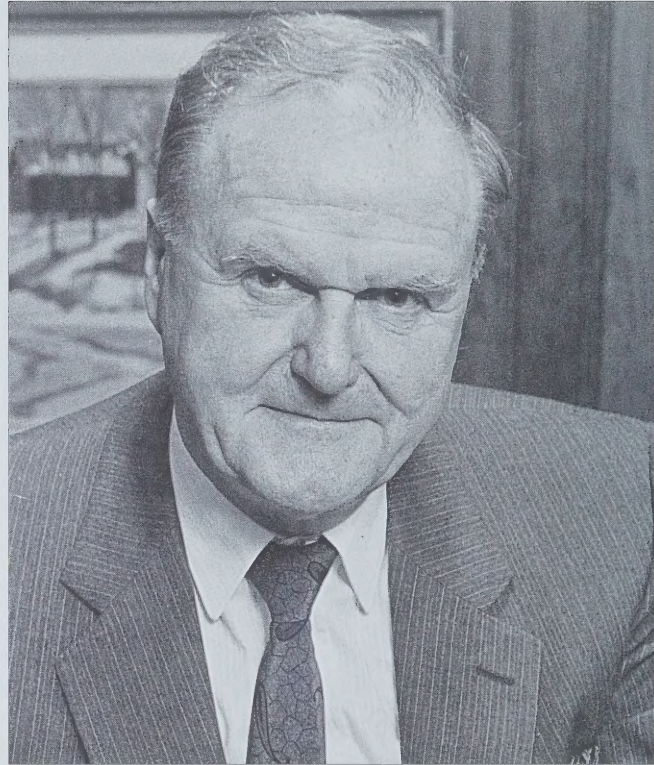
Financial Statements

Attached to this report are the following:

- Auditors' Report
- Balance Sheet as at December 31, 1988
- Statement of Revenue and Expenses and Surplus
- General Fund
- Building Fund
- Professional Liability Insurance Fund
- Centennial Fund
- Harry R. Abbott Memorial Library Fund
- Dental Hygienists' Fund
- Notes to Financial Statements

Balance Sheet

The Balance Sheet shows in a precise manner the state of the College's finances as at the end of the business day on December 31, 1988. In all accounts there is a surplus; however, the surplus in the General Fund is less than it was one year ago.



Statement of Revenue and Expenses and Surplus (a) The General Fund

Revenue

The annual fees for dentists and dental hygienists provide the College with its main source of revenue. In 1988 the annual fee for dentists was \$875.00 with \$575.00 being attributable to the Professional Liability Insurance Fund; the annual fee for dental hygienists was \$150.00 with \$40.00 being attributable to the Dental Hygienists' Fund. All dental hygienists applying for licensure in Ontario are required to successfully complete qualifying examinations. The examination fee in 1988 was \$200.00.

Interest rates vary from year to year; however, it continues to be an important source of revenue.

Sundry revenue is derived mainly from the sale of our list of members to dentally-related companies.

The item "continuing education" represents the fee that was charged to participants in courses at local societies sponsored by the RCDS. A policy change effective in September 1987 has eliminated this fee; accordingly, there was no income from this source in 1988.

Administrative charge to the Professional Liability Fund is a charge for the Fund's administration such as portion of utilities, rent, salaries, etc.

Expenses

Expenses continue to increase year after year. Salary expenses reflect an increase in line with inflation, and an increase in staff. Postage rates increase periodically and the College's use of courier services has increased in order to ensure rapid delivery of reports, documents, etc. Printing costs have increased with general increases in the industry. Telephone costs were reduced in 1988 over 1987 because we now own our telephone equipment. The item "equipment" is increased because of the purchase of an additional computer, word processing equipment and additional office furniture. "Examinations" (dental hygiene) is increased because of pilot projects and an increased number of on-site visits to certain Colleges of Applied Arts and Technology where dental hygiene is taught.

Honoraria for members of Council shows a modest increase in the per diems paid to members. "Continuing education" is the travel and accommodation expenses as well as the per diems for clinicians who provide RCDS-sponsored courses at local societies. Professional fees vary from year-to-year depending on the amount of services required. Council and Committee expenses decreased because of a reduction in the number of meetings held in 1988 compared to 1987. The "Grants" are self-explanatory. The one marked "other" was for a special grant to the University of Toronto relevant to continuing competence. "Administrative" expenses include the many sundry items for the general administration of the College. Part of the increase in this item relates to expenses of hiring and bringing two new senior members of the staff to the College, as well as consulting services involving the

possible purchase of property, and the management of the College in the future. "Transfer to Dental Hygienists' Fund" of \$50,000 is the result of an agreement, whereby this sum of money, with interest, would be placed in a special account and transferred to the new College of Dental Hygienists, when it becomes established. It represents the estimated amount of money paid into the capital of the College since dental hygienists just came under the administration of the RCDS in 1951.

Surplus

The surplus at the end of 1988 decreased to \$477,904 from \$678,614 in 1987. The ever-increasing obligations being placed on the College, which have required additional staff and accommodation, resulted in a deficit of \$200,710 in 1988. Fortunately, the College had a surplus at the beginning of the year sufficient to cover this deficit.

(b) The Building Fund

This Fund was established a few years ago to assist with the cost of a new or renovated building when the present building became over-crowded. The only revenue for the Fund in 1987 and 1988 has been income from interest.

(c) The Professional Liability Insurance Fund

Financial details of the program are contained in the "Report" of the Professional Liability Insurance Fund.

(d) The Centennial Fund

This Fund was established in 1968 to commemorate the centennial of the founding of the RCDS. The original purpose of the Fund was to establish and update from time-to-time the exhibit on dentistry at the Ontario Science Centre, Toronto. No money for this purpose has been used for many years.

In 1988, a grant of \$2,500.00 from the Fund was made to the museum at the Faculty of Dentistry of the University of Toronto for cataloguing, and framing of pictures and diplomas.

(e) The Harry R. Abbott Memorial Library Fund

The Will of the late Mrs. Dorinda Tully, which was probated in 1924, established a Trust Fund as a memorial to her brother, the late Dr. H. R. Abbott. Dr. Abbott was President of the RCDS from 1903 to 1907.

The terms of the Will directed that the interest from the Fund be paid annually to the RCDS for the purpose of purchasing books for the RCDS library. One year after the Will was probated, the library of the RCDS became the library of the Faculty of Dentistry of the University of Toronto. It would be costly to attempt to have the wording of the Will changed so that the interest from the investments in the Fund could be paid directly to the Faculty, so the money accumulating from the investments is paid to the RCDS. Upon receipt of the money, it is forwarded to the Faculty of Dentistry of the University of Toronto.

f) The Dental Hygienists' Fund

This Fund was established in 1988. The reason for the establishment of the Fund is explained under "expenses" in the report of the General Fund. Additional funds will be contributed to this account in 1989 and 1990 from a special levy of \$40.00 per annum derived from the annual fee paid by every dental hygienist.

Re-appointment of Auditors

The firm of Thorne Ernst and Whinney, formerly Thorne Riddell, continues to provide very efficient and capable auditing services, as it has for many years. It was recommended and approved that the firm be re-appointed as the College's auditors for the year 1989.

Appreciation

The College is very fortunate to have devoted employees who are competent and efficient in every respect.

Presenting this report provides me with an opportunity to bring this to your attention, and to thank them publicly for their contribution to the successful operation of the College.

Thorne Ernst & Whinney

Chartered Accountants

To the Members of the Council of The Royal College of Dental Surgeons of Ontario

We have examined the balance sheet of The Royal College of Dental Surgeons of Ontario as at December 31, 1988 and the statements of revenue and expenses and surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the College as at December 31, 1988 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Thorne Ernst & Whinney

March 23, 1989

(Incorporated under the Health Disciplines Act, Part II, of Ontario)

Balance Sheet

	1988	1987		1988	1987
	(Year ended	December 31)		(Year ended	December 31)
General Fund					
Assets			Liabilities		
Funds held in trust (note 2)	\$ 4,332	\$ 4,112	Trust funds	\$ 4,332	\$ 4,112
Cash	316,512	820,679	Accounts payable	52,868	262,846
Investment in bonds, banker acceptances and treasury bills at amortized cost	1,685,876	1,364,839	Payable to Professional Liability Insurance Fund	203,875	—
Accounts receivable	33,623	37,375	Deferred revenue, licentiate fees	1,403,989	1,286,579
Receivable from Professional Liability Insurance Fund	—	5,146		1,665,064	1,553,537
Prepaid expenses	2,625	—			
Deposit on purchase of building (note 4)	100,000	—	Surplus	477,904	678,614
	\$ 2,142,968	\$ 2,232,151		\$ 2,142,968	\$ 2,232,151

Building Fund

Cash	\$ 2,798	\$ 1,259			
Interest Receivable	14,272	17,546			
Investment in bonds and treasury bills at amortized cost	575,729	524,307			
	\$ 592,799	\$ 543,112	Surplus	\$ 592,799	\$ 543,112

Professional Liability Insurance Fund

Cash	\$ 12,760	\$ 141,585	Accounts payable	\$ 6,220	\$ —
Investment in bonds and treasury bills at amortized cost	8,915,920	7,267,867	Deferred revenue, members' assessments	1,964,496	2,100,376
Receivable from General Fund	203,875	—	Provisions for unsettled claims (note 3)	4,171,149	3,313,095
	<u>\$ 9,132,555</u>	<u>\$ 7,409,452</u>	Payable to General Fund	—	5,146
			Surplus	2,990,690	1,990,835
				<u>\$ 9,132,555</u>	<u>\$ 7,409,452</u>

Centennial Fund

Cash	\$ 34,988	\$ 34,771	Accounts payable	\$ 150	\$ 150
Interest receivable	1,146	201	Surplus	35,984	34,822
	<u>\$ 36,134</u>	<u>\$ 34,972</u>		<u>\$ 36,134</u>	<u>\$ 34,972</u>

Harry R. Abbott Memorial Library Fund

Cash	\$ 90	\$ 90			
Interest receivable	2,200	2,000			
	<u>\$ 2,290</u>	<u>\$ 2,090</u>	Surplus	\$ 2,290	\$ 2,090

Dental Hygienists' Fund

Cash	\$ 50,000	\$ —	Surplus	\$ 50,000	\$ —
------	-----------	------	---------	-----------	------

The Royal College of Dental Surgeons of Ontario
General Fund

	1988	1987		1988	1987
	(Year ended December 31)			(Year ended December 31)	
Statement of Revenue and Expenses and Surplus					
Revenue			Expenses		
Annual fee and license fee			Salary and salary charges	\$ 949,983	\$ 749,568
Dentists	\$ 4,915,275	\$ 4,147,360	Postage and courier	119,795	100,701
Less portion attributable to the Professional Liability Insurance Fund	3,221,725	2,472,750	Printing, stationery and supplies	177,101	168,356
	1,693,550	1,674,610	Telephone	18,358	27,894
Hygienists	369,624	337,848	Equipment –		
Examination fees (dental hygienists)	64,585	52,936	purchase, rental and maintenance	165,464	101,128
Interest	165,146	149,119	Property expenses	57,977	60,354
Sundry	12,753	15,885	Staff travel	53,605	53,936
Continuing education	–	23,070	Examinations (dental hygienists)	106,111	65,252
Administration charge to the Professional Liability Insurance Fund	117,000	80,000	Honoraria	296,312	259,647
	\$ 2,422,658	\$ 2,333,468	Continuing education	62,836	57,621
			Professional fees		
			Legal	290,970	271,306
			Audit	9,100	9,780
			Witness and court reporter fees	7,173	16,066
			Council insurance	3,004	3,004
			Council and committee	71,923	115,362
			Grants		
			Canadian Dental Association	52,450	52,700
			Canadian Fund for Dental Education	1,000	1,000
			University of Toronto	3,750	3,750
			University of Western Ontario	3,750	3,750
			Other	3,570	3,497
			Administrative	107,826	55,200
			Consulting fees	11,310	–
			Transfer to Dental Hygienists' Funds	50,000	–
				2,623,368	2,179,872
			Excess of Revenue over Expenses		
			(Expenses over Revenue)	(200,710)	153,596
			Surplus at beginning of year	678,614	525,018
			Surplus at End of Year	\$ 477,904	\$ 678,614

1988 1987
(Year ended December 31)

Building Fund

Statement of Revenue and Expenses and Surplus

Revenue			
Interest	\$	49,687	\$ 45,843
Expenses			
		Nil	Nil
Excess of Revenue Over Expenses		49,687	45,843
Surplus at beginning of year		543,112	497,269
Surplus at End of Year	\$	592,799	\$ 543,112

Professional Liability Insurance Fund

Statement of Revenue and Expenses and Surplus

Revenue			
Members' assessments	\$	3,221,725	\$2,472,750
Interest		715,361	501,784
		3,937,086	2,974,534
Expenses			
Insurance premium		1,094,370	1,012,225
Broker and consultant fees		16,100	12,000
Provision for claims and unsettled claims (note 3)		1,704,758	1,579,530
Administration charge from General Fund		117,000	80,000
Sundry		5,003	850
		2,937,231	2,684,605
Excess of Revenue over Expenses		999,855	289,929
Surplus at beginning of year		1,990,835	1,700,906
Surplus at End of Year	\$	2,990,690	\$ 1,990,835

1988 1987
(Year ended December 31)

Centennial Fund

Statement of Revenue and Expenses and Surplus

Revenue			
Interest	\$	3,662	\$ 2,101
Expenses			
Professional fees		—	50
Grant to University of Toronto		2,500	—
		2,500	50
Excess of Revenue Over Expenses		1,162	2,051
Surplus at beginning of year		34,822	32,771
Surplus at End of Year	\$	35,984	\$ 34,822

Harry R. Abbott Memorial Library Fund

Statement of Revenue and Expenses and Surplus

Revenue			
Interest	\$	2,200	\$ 2,011
Expenses			
Grant to University of Toronto Library Fund		2,000	2,100
Excess of Revenue over Expenses (Expenses Over Revenue)		200	(89)
Surplus at beginning of year		2,090	2,179
Surplus at End of Year	\$	2,290	\$ 2,090

Dental Hygienists' Fund

Statement of Revenue and Expenses and Surplus

Transfer from General Fund	\$	50,000	\$ —
Surplus at End of Year	\$	50,000	\$ —

The Royal College of Dental Surgeons of Ontario

Notes to Financial Statements

Year Ended December 31, 1988

1. Accounting Policy

The cost of furniture, equipment and leasehold improvements is included in expenses as incurred (1988, \$102,032; 1987, \$54,668).

2. Segregated Funds

At December 31, 1988 the College maintained in trust \$4,332 (1987, \$4,112) for refund to patients following claims made against member Dentists.

3. Professional Liability Insurance Fund

This fund was established by the College by allocating a portion of the fees charged to Dentists on an annual basis as approved by the Board. The insurance coverage for claims has been established to cover validated claims in excess of a deductible portion on an annual basis. The College is liable for the first \$35,000 of a validated claim subject to a maximum loss limit on an annual basis of \$1,500,000. The Dentists are liable to the College for a deductible portion on each validated claim of \$1,000 on any one occurrence including defence costs, increasing at the rate of \$1,000 for each additional claim in a twenty-four month period. The College is additionally liable for all insurance adjuster fees related to claims arising since January 1, 1977. Provision has been recorded in the accounts for the liability with respect to unsettled claims and the insurance adjuster fees related thereto. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College.

4. Subsequent Events

In 1972 the land and building at 230 St. George Street were sold to The Ontario Dental Association for \$2. The Royal College of Dental Surgeons of Ontario had leased the land and building from The Ontario Dental Association for a period of twenty-five years expiring September 30, 1997 for \$1 plus various operating charges as specified in the lease with an option to renew for an additional twenty-five years and a right of first refusal on any offer for purchase of the property. The lease was terminated on January 22, 1989 as a result of a new agreement to purchase the properties at 230 and 234 St. George Street from the Ontario Dental Association at a purchase price of \$2,500,000 against which a deposit was made of \$100,000. The transaction and financing arrangements are to be completed no later than March 31, 1990.

5. Comparative Figures

Certain of the 1987 figures have been reclassified to conform with the financial statement presentation adopted for 1988.

Degree of 'Busyness' of Ontario Dentists / 1989

(Based on Data as of June 1989)

Years since Graduation	Number of DDS Responding	% of Respondents Less Busy than Would Like	% of Respondents Content with Patient Load	% of Respondents Too Busy
0-4	416	63.9	33.8	2.1
5-9	727	48.5	48.9	2.4
10-14	746	43.1	52.0	4.8
15-19	637	35.6	60.7	3.6
20-24	457	37.6	58.6	3.7
25-29	299	37.4	60.5	2.0
30-34	228	31.5	63.1	4.0
35-39	187	25.6	71.6	1.6
40-44	69	21.7	72.4	5.7
45-49	30	26.6	73.3	—
50 Plus	8	37.5	62.5	—
Total	3,804	42.0	54.5	3.4

Licencing Profile

Licensed Dentists Deceased

Bichay, W. F.	(1969) *	Apr. 10, 1989
Boniuk, M.	(1958)	June 27, 1989
Buckley, H. A.	(1955)	No Date
Cook, W. F.	(1962)	Aug. 30, 1988
Hemmerich, L.	(1953)	May 21, 1989
Mitchell, F.	(1946)	Jan. 09, 1989
Porter, C. M.	(1916)**	Feb. 04, 1989
Robinson, W.	(1949)	No Date
Smith, N. C.	(1925)	Sept. 27, 1989
Thurston, D.	(1957)	Jan. 01, 1989

* Denotes Year of Graduation

** Denotes Life Member

Additions to the Register

University of Toronto	85
University of Western Ontario	39
N.D.E.B. Certificates	87
General Licence (from Education)	20
Academic Licence	2
Approved by the Reg. Committee	0

Removals and Reinstatements

Deceased	10
Retired	44
Not Renewing	29
Removed	24
Reinstated	30

Licences Issued

Dentists	5,679 members*
----------	----------------

* (includes 8 Life Members and 170 Out-of-Province Members)

Licences Issued

Dental Hygienists	3,561 members*
-------------------	----------------

* (includes 175 Out-of-Province)

Distribution by Age and County - Dentists

As of October, 1989

County	Less than 31	31— 40	41— 50	51— 60	61— 65	Over 65	Total
Algoma	7	16	15	11	7	3	59
Brant	6	13	15	5	1	2	42
Bruce	1	7	7			1	16
Cochrane	6	13	9	2	1		31
Dufferin	2	6	5	1	1		15
Durham	36	61	57	17	7	3	181
Elgin		8	7	5	1	1	22
Essex	29	63	43	17	8	9	169
Frontenac	7	19	25	8	1	5	65
Grey	1	7	13	5	2	1	29
Haldimand-Norfolk	1	11	9	4	2		27
Haliburton			2				2
Halton	25	61	54	22	4	8	174
Hamilton Wentworth	29	71	67	38	11	14	230
Hastings	7	16	24	5	3	2	57
Huron	1	6	6	1	1		15
Kenora	1	11	6	3			21
Kent	7	15	15	2	4	1	44
Lambton	6	28	14	4	2	3	57
Lanark		5	6	1	1	1	14
Leeds Grenville	7	11	16	6	4	1	45
Lennox Addington	1		3	1			5
Manitoulin		3				1	4
Metro Toronto	289	592	521	303	93	118	1916
Middlesex	35	78	72	38	20	18	261
Muskoka	4	9	4	2	2	2	23
Niagara	14	70	50	31	17	12	194
Nipissing	6	9	12	8	3	1	39
Northumberland	5	8	10	3			26
Ottawa Carlton	46	128	122	59	17	20	392
Oxford	2	11	13	4	2	2	34
Parry Sound		4	4	1	1	1	11
Peel	68	140	91	27	8	4	338
Perth	3	5	12	3	2	1	26
Peterborough	5	11	24	6	2	1	49
Prescott Russell	5	10	2	2		1	20
Prince Edward	2	2	1	1			6
Rainy River	1	1	4	1	2		9
Renfrew	5	16	11	4	4		40
Simcoe	13	51	36	15	3	3	121
Stormont Dundas Glen.	2	13	6	5	2	2	30
Sudbury	6	25	19	14	3	3	70
Thunder Bay	11	27	27	9	3	1	78
Timiskaming	3	4	6	1		1	15
Victoria	1	2	8	1		1	13
Waterloo	24	59	48	28	5	8	172
Wellington	10	23	26	9	3	4	75
York	46	113	45	12	5	3	224
Total	786	1862	1592	745	258	263	5506
Percentage of Total	14.00	33.00	28.00	13.00	4.00	4.00	100

Distribution by Age and County - Dental Hygienists

As of October, 1989

County	Less than 31	31—40	41—50	51—60	61—65	Over 65	Total
Algoma	13	17	2	1			33
Brant	18	6	1				25
Bruce	9	6					15
Cochrane	16	5					21
Dufferin	2	3	3				8
Durham	87	106	19	1			213
Elgin	3	4					7
Essex	61	59	11	1			132
Frontenac	14	20	5	1			40
Grey	3	6	1			1	11
Haldimand-Norfolk	6	6	4				16
Haliburton	1	1	1				3
Halton	66	71	17	1			155
Hamilton Wentworth	62	49	12	2	1	1	127
Hastings	11	17	4	1			33
Huron	2	1	3				6
Kenora	11	2	1				14
Kent	7	10	2	1			20
Lambton	24	22	4	1			51
Lanark	2	5	1	1			9
Leeds Grenville	14	14	5	1			34
Lennox Addington	1		1				2
Manitoulin	1	2					3
Metro Toronto	294	267	112	14	3	2	692
Middlesex	51	62	17				130
Muskoka	5	6	1				12
Niagara	84	78	11	1			174
Nipissing	10	16	1				27
Northumberland	5	7	3				15
Ottawa Carlton	95	109	25	5			234
Oxford	10	7	2			1	20
Parry Sound	5	6	1				12
Peel	103	96	25	1			225
Perth	7	5	2		1		15
Peterborough	17	15	2				34
Prescott Russell	6	6					12
Rainy River	4	4	1				9
Renfrew	14	11	3	2			30
Simcoe	49	47	18	2		1	117
Stormont Dundas Glen.	4	16	1				21
Sudbury	37	38	6			1	82
Thunder Bay	27	30	7	1			65
Timiskaming	10	4					14
Victoria	4	9	2				15
Waterloo	45	61	15	3			124
Wellington	23	30	4	1			58
York	92	136	36	7			271
Total	1435	1498	392	49	5	7	3386
Percentage of Total	42.00	44.00	11.00	1.00			100

Ratio of Dentists to Dental Hygienists

As of October, 1989

County	Dentists	Hygienists	Ratio
Algoma	59	33	1.78 : 1
Brant	42	25	1.68 : 1
Bruce	16	15	1.06 : 1
Cochrane	31	21	1.47 : 1
Dufferin	15	8	1.87 : 1
Durham	181	213	.84 : 1
Elgin	22	7	3.14 : 1
Essex	169	132	1.28 : 1
Frontenac	65	40	1.62 : 1
Grey	29	11	2.63 : 1
Haldimand-Norfolk	27	16	1.68 : 1
Haliburton	2	3	.66 : 1
Halton	174	155	1.12 : 1
Hamilton Wentworth	230	127	1.81 : 1
Hastings	57	33	1.72 : 1
Huron	15	6	2.50 : 1
Kenora	21	14	1.50 : 1
Kent	44	20	2.20 : 1
Lambton	57	51	1.11 : 1
Lanark	14	9	1.55 : 1
Leeds Grenville	45	34	1.32 : 1
Lennox Addington	5	2	2.50 : 1
Manitoulin	4	3	1.33 : 1
Metro Toronto	1916	692	2.76 : 1
Middlesex	261	130	2.00 : 1
Muskoka	23	12	1.91 : 1
Niagara	194	174	1.11 : 1
Nipissing	39	27	1.44 : 1
Northumberland	26	15	1.73 : 1
Ottawa Carlton	392	234	1.67 : 1
Oxford	34	20	1.70 : 1
Parry Sound	11	12	.91 : 1
Peel	338	225	1.50 : 1
Perth	26	15	1.73 : 1
Peterborough	49	34	1.44 : 1
Prescott Russell	20	12	1.66 : 1
Prince Edward	6		
Rainy River	9	9	1.00 : 1
Renfrew	40	30	1.33 : 1
Simcoe	121	117	1.03 : 1
Stormont Dundas Glen.	30	21	1.42 : 1
Sudbury	70	82	.85 : 1
Thunder Bay	78	65	1.20 : 1
Timiskaming	15	14	1.07 : 1
Victoria	13	15	.86 : 1
Waterloo	172	124	1.38 : 1
Wellington	75	58	1.29 : 1
York	224	271	.82 : 1
Total	5506	3386	1.62 : 1

Presidents and Registrars

Presidents

* B.W. Day	April 1868 - June 1870
* H.T. Wood	June 1870 - July 1874
* C.S. Chittenden	July 1874 - May 1889
* H.T. Wood	May 1889 - March 1893
* R. J. Husband	March 1893 - April 1899
* G.E. Hanna	April 1899 - April 1901
* A.M. Clark	April 1901 - April 1903
* H.R. Abbott	April 1903 - April 1907
* R.B. Burt	April 1907 - April 1909
* G.C. Bonnycastle	April 1909 - May 1911
* W.J. Bruce	May 1911 - May 1913
* D. Clark	May 1913 - May 1915
* W.C. Davy	May 1915 - May 1917
* W.C. Trotter	May 1917 - May 1918
* W.M. McGuire	May 1918 - May 1921
* M.A. Morrison	May 1921 - May 1923
* A.D. Mason	May 1923 - May 1925
* E.E. Bruce	May 1925 - May 1927
* R.C. McLean	May 1927 - May 1929
* S.S. Davidson	May 1929 - June 1931
* S.M. Kennedy	June 1931 - May 1933
* H. Irvine	May 1933 - May 1935
* G.H. Holmes	May 1935 - May 1937
* E.C. Veitch	May 1937 - May 1939
* L.D. Hogan	May 1939 - May 1941
* F.A. Blatchford	May 1941 - May 1943
* G.H. Campbell	May 1943 - May 1945
* S.W. Bradley	May 1945 - May 1947
* H.W. Reid	May 1947 - May 1949
* S. J. Phillips	May 1949 - May 1951
* R.O. Winn	May 1951 - May 1953
* C.M. Purcell	May 1953 - May 1955
* R. J. Godfrey	May 1955 - May 1957
* M.C. Bebee	May 1957 - May 1959
* M.V. Keenan	May 1959 - May 1961
* A.H. Leckie	May 1961 - April 1963
W.G. Bruce	April 1963 - April 1965
* J. P. Coupland	April 1965 - Feb. 1967
J. D. Purves	Feb. 1967 - Jan. 1969
H.M. Jolley	Jan. 1969 - Jan. 1971
N.L. Diefenbacher	Jan. 1971 - Jan. 1973
P. P. Zakarow	Jan. 1973 - Jan. 1975
R. P. McCutcheon	Jan. 1975 - Jan. 1977
E.G. Sonley	Jan. 1977 - Jan. 1979
A. J. Calzonetti	Jan. 1979 - Jan. 1981
C.A. Doughty	Jan. 1981 - Jan. 1983
R.L. Fillion	Jan. 1983 - Jan. 1985
G.E. Pitkin	Jan. 1985 - Jan. 1987
G. Nikiforuk	Jan. 1987 - Jan. 1989
W. J. Dunn	Jan. 1989 -

Registrars

* J. O'Donnell	April 1868 - July 1870
* J. B. Willmott	July 1870 - June 1915
* W.E. Willmott	July 1915 - May 1940
* D.W. Gullett	May 1940 - July 1956
W. J. Dunn	July 1956 - Feb. 1965
K. F. Pownall	Feb. 1965 -

*Deceased



1990 Proceedings
The Royal College
of Dental Surgeons
of Ontario

FOR REFERENCE

NOT TO BE TAKEN FROM THIS ROOM

FORM 121

DENTAL LIBRARY
UNIVERSITY OF TORONTO
124 EDWARD ST.
TORONTO M5G 1G6
ONTARIO, CANADA

BINDING SHELF

**Self-governance
is a privilege**

**Our Mandate:
Protect and serve
the public**

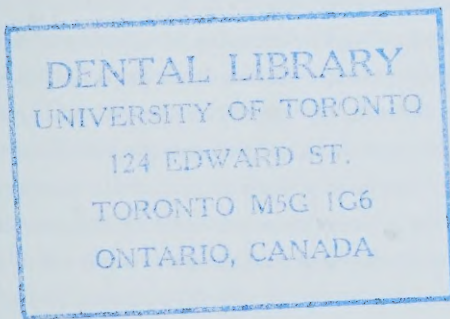


The Royal College
of Dental Surgeons
of Ontario

230 St. George Street
Toronto, Ontario
M5R 2N5
Tel: 416 / 961-6555
Fax: 416 / 961-5814

NOV 26 1991
013898

1990 Proceedings The Royal College of Dental Surgeons of Ontario



R.C.D.S. President's Report	2
Council and Electoral Districts	4
Committees	6
Staff	7

Committee Reports

Statutory

Executive	8
Complaints	18
Discipline	21
Registration	24

Standing

Continuing Competence	27
Dental Hygiene Matters	32
Finance and Property	37
General Purpose	42
Legal and Legislation	43
Professional Liability Program	45

Faculty of Dentistry Reports

University of Toronto	50
University of Western Ontario	53

Other Reports

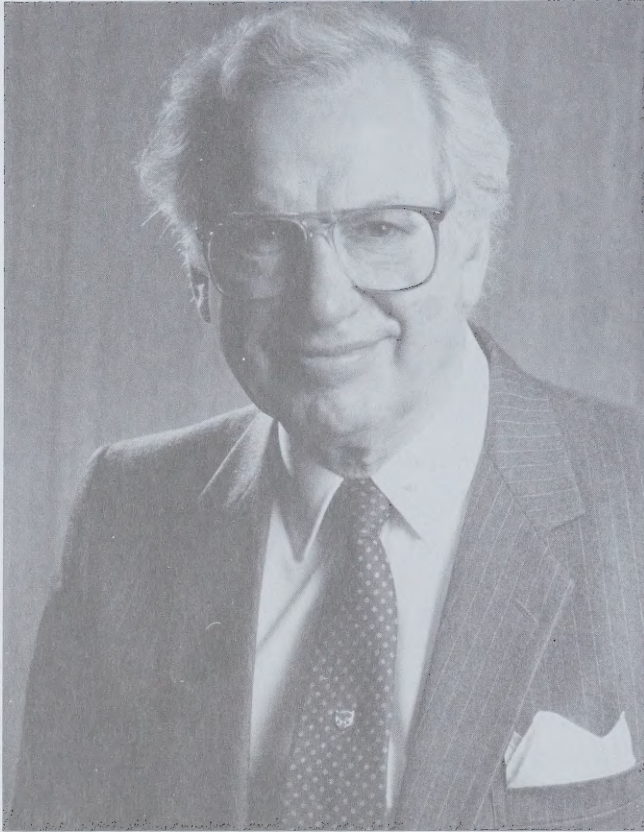
Inspector	55
The Dentistry Review	55
The National Dental Examining Board of Canada	56
Auditor's Report	57
Statistical	62

Presidents and Registrars

64

Council Meetings:

April 26, 27; November 15, 16.



Dr. Wesley J. Dunn

It is difficult for me to conceive of any honour which may come to a dentist in this province that is greater than the privilege of serving as the President of The Royal College of Dental Surgeons of Ontario. Although the post has elements within it which are analogous to those applicable to voluntary associations, there are differences so fundamental that they uniquely confer on the position – and on the body the President serves – particular obligations, duties, responsibilities, and opportunities.

It is unquestionably clear that, except for the government-appointed public members of the Council, the dentist-councillors, all members of the College, have been elected by their member colleagues – whether or not this is totally understood and appreciated – not primarily to represent the profession's welfare but rather to give primacy to the public interest. The challenge, for us who are members of Council, comes in attempting, in all that is done, to be fair and just not

only to those who are the recipients of dental care services but, as well, to all who provide them. But the public interest has priority.

The acquiring of the privilege of self-government is one which was earned. And the conscientious and responsible discharge of obligations which such status confers are requisite to that on-going privilege. Notwithstanding that, in deliberating on the various policies and issues residing within the mandate of the College, councillors frequently – and justifiably – have widely divergent views in respect of how that balance between recipient and provider interest is most appropriately resolved. I am convinced that the fundamental mission of the College is at the core of the thought processes which members of Council apply to their deliberations.

The President – although this is by no means exclusive to his or her position – acts, during the two-year term of office, as the primary spokesperson for the College. In that role, he or she appears before governmental agencies and groups beyond the profession and before representative bodies of dentistry – national, provincial, and local – to provide information on or act as an advocate for the views, opinions, policies, and actions of the College. It is not entirely unprecedented that, in attempting to achieve the recipient/provider balance on a policy or issue, the College representative enjoys the approbation of neither. If all issues were black or white, life would, unquestionably, be easier. But less interesting and challenging.

Elsewhere in these *Proceedings*, interested readers will be able to peruse, in considerable detail, the activities of the Council and its statutory and standing committees during the 1990 term. It would be redundant in this report to repeat here that which can be found elsewhere. It must be reiterated, however, that within the term of the Council on which this issue of the *Proceedings* reports, there have been more and varied governmental initiatives and decisions of courts having implications for the health professions than in any previous two-year term in memory.

The provincial election, conducted in September 1990, resulted, as all know, in a change of government. In the months remaining to 1990, following the election, it was not

possible to discern, other than in a highly conjectural sense, what effect the policies of the new government will likely have when they are brought to bear on the statutes and regulations of implicative interest to governing bodies of professions. The Speech from the Throne, in November, gave no indication at all of governmental intentions concerning professional regulation although, late in the year, the Minister of Health provided verbal assurance that the *Health Professions Regulation Act* would be reintroduced early in 1991.

The year 1990, in addition to the governmental initiatives and judgments of courts, witnessed executive staff changes more extensive than at any time in the history of the College.

For more than twenty-five years, The Royal College of Dental Surgeons of Ontario enjoyed and benefited from the dedicated, knowledgeable, competent, and invariably conscientious services of Dr. Kenneth F. Pownall, as Registrar. Notwithstanding that he was succeeded by one who enjoys the total confidence and support of the Council and members of the College, Dr. Pownall will be greatly missed by all who have had the privilege of working with him and who have been so professionally served and enhanced by him. Our Registrar's contributions have invariably been of the highest order and he has demonstrated and espoused ethical standards which are known and appreciated not only by the profession but, as well, by a host of cognate individuals, organizations, and agencies to which, over the years, he has been such an effective ambassador for this College.

Our deepest thanks and warmest appreciation are extended to Dr. Pownall whose more than a quarter century of service to this College has so greatly enhanced this institution and has so significantly contributed to the Council, to the members and, as a consequence, to the public we serve. May he long enjoy happiness, good health, prosperity and continuing satisfaction which comes from knowing of the magnificent contributions he has made in the effective discharge of the important responsibilities of the post which he has so adorned.

Succeeding Dr. Pownall on July 1st, 1990, in the position of Registrar – the Chief Administrative Officer of the College – is Dr. Roger L. Ellis, who brings to the position a vast background of pertinent experience and an unquestioned

capacity. The Deputy-Registrar, promoted from her earlier post as Assistant Registrar, is Dr. Minna Stein who has served the College with great distinction in the past and will continue to make outstanding contributions in the years to come.

Dr. Robert T. Hindman joined the executive staff of the College in the latter half of 1990 and, in a relatively short time, gave unquestioned evidence that his appointment had been wisely made.

Following many years of competent and dedicated service as Administrator of the Professional Liability Program, Dr. Edward J. Fox, a former Deputy-Registrar of the College, retired at the close of 1990. His contributions to the success of PLP will never be truly measured. It is almost impossible to conceive of the enormous success of the Program without recognizing the centrality of its first Administrator to the process. The profession in Ontario is in Dr. Fox's debt.

Mr. James M. MacMillan, LL.B., has succeeded Dr. Fox as the Administrator of the Professional Liability Program. Mr. MacMillan brings to the position a wealth of related knowledge and experience which, of a certainty, will inure to the on-going effective development and administration of this important program.

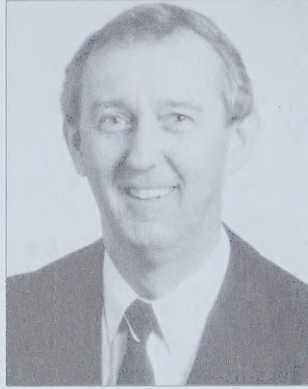
The financial and physical operation of the College had grown to the extent that, in November 1989, Council created the post of Director Administrative Services. Mr. David E. Carruthers, B.Com., C.A., who began his duties in January 1990, brings to the position broad business experience and a background in association and administration/financial management. Mr. Carruthers's effective administration of all aspects of the operation of the College and the management of its human, financial, computer, and physical resources are already paying significant dividends.

In this my final report, I should be remiss were I not to extend my warmest thanks and deepest appreciation to the members of Council and to all members of the staff for their selfless, competent, and conscientious efforts which collectively contributed so significantly to work of the College during the 1989-1990 term. It was both a privilege and a pleasure to have been associated with such respected colleagues.

Elected Representatives



G.P. "George" Citrome, D.D.S.
District 1 - Ottawa



G.C. "George" White, D.D.S.
District 2 - Oshawa



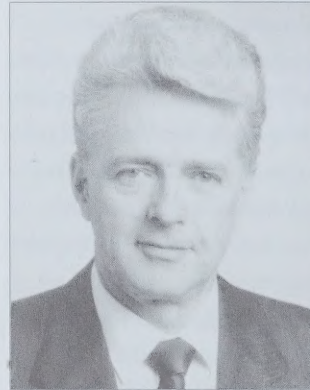
T.G. "Gordon" White, D.D.S.
District 3 - Sault Ste. Marie



E. "Eric" Luks, D.D.S.
District 4 - Toronto



G.E. "Gary" Pitkin, D.D.S.
District 4 - Toronto



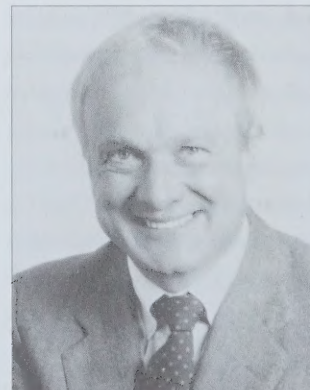
P.W. "Peter" Dean, D.D.S.
District 5 - Barrie



J.E. "Jim" Stakiw, D.M.D.
District 6 - London



R.M. "Rick" Beyers, D.D.S.
District 7 - Kitchener

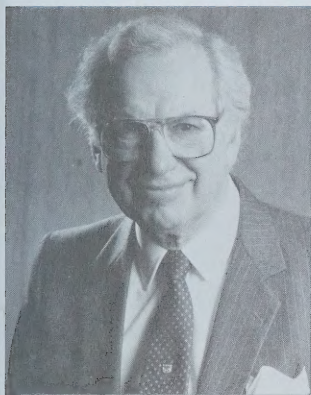


R.T. "Randy" Lang, D.D.S.
District 8 - Mississauga

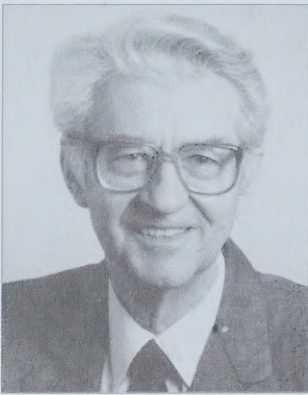
Electoral Districts

1. Number one, composed of the counties of Dundas, Frontenac, Glengarry, Grenville, Lanark, Leeds, Lennox and Addington, Prescott, Renfrew, Russell and Stormont, and The Regional Municipality of Ottawa-Carlton.
2. Number two, composed of the counties of Hastings, Northumberland, Peterborough, Prince Edward and Victoria, the Provincial County of Haliburton and The Regional Municipality of Durham.
3. Number three, composed of the territorial districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Rainy River, Sudbury, Thunder Bay, and Timiskaming.
4. Number four, composed of The Municipality of Metropolitan Toronto and The Regional Municipality of York.
5. Number five, composed of the counties of Bruce, Dufferin, Grey, Huron and Simcoe, and the territorial districts of Muskoka and Parry Sound.
6. Number six, composed of the counties of Elgin, Essex, Kent, Lambton, and Middlesex.
7. Number seven, composed of the counties of Brant, Oxford, Perth and Wellington, and the regional municipalities of Haldimand-Norfolk and Waterloo.
8. Number eight, composed of the regional municipalities of Halton, Hamilton-Wentworth, Niagara and Peel.

University Representatives

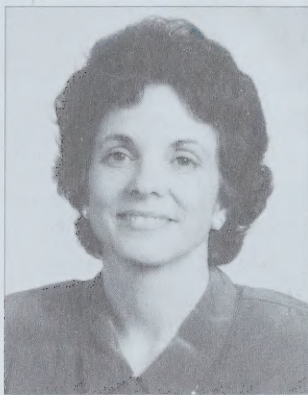


W.J. "Wes" Dunn, D.D.S.
University of Western Ontario



G. "Gordon" Nikiforuk, D.D.S.
University of Toronto

Official Dental Hygiene Observers



J.A. "Jackie" Ferguson
Toronto



L.L. "Lynda" Mickelson
Thunder Bay

Lieutenant Governor in Council Appointees



Z.M. "Zita" Dossett
Kingston



M. "Michele" Harding
Toronto



E.F. "Elizabeth" Chubb
Toronto

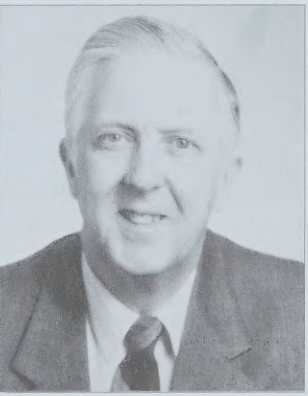
Dental Hygiene Districts

The Municipality of Metropolitan Toronto and The Regional Municipality of York.

Outside The Municipality of Metropolitan Toronto and The Regional Municipality of York.



D. "Diana" Hordo
Toronto



R.G. "Gordon" Redgrave
Hamilton

Committees

President:*

Dr. W.J. Dunn

Vice-President:

Dr. J.E. Stakiw

Statutory Committees

Executive - Part "A":

Dr. W.J. Dunn (Chair)

Dr. R.M. Beyers

Mrs. Z.M. Dossett

Dr. J.E. Stakiw

Dr. T. Gordon White

Ms. L.L. Mickelson

Executive - Part "B":

Dr. J.E. Stakiw (Chair)

Dr. R.M. Beyers

Mrs. Z.M. Dossett

Dr. W.J. Dunn

Ms. L.L. Mickelson**

Complaints:

Dr. P.W. Dean (Chair)

Dr. G.P. Citrome

Ms. M. Harding

Mrs. J.A. Ferguson**

Discipline:

Dr. G.E. Pitkin (Chair)

Mrs. E.F. Chubb

Mrs. D.A. Hordo

Dr. R. T. Lang

Dr. E. Luks

Dr. G. Nikiforuk

Dr. George C. White

Dr. T. Gordon White

Ms. L.L. Mickelson**

Registration:

Dr. E. Luks (Chair)

Mrs. E.F. Chubb

Dr. P.W. Dean

Mrs. J.A. Ferguson**

Standing Committees

Continuing Competence:

Dr. G. Nikiforuk (Chair)

Dr. W.J. Dunn*

Mrs. D.A. Hordo

Mrs. J.A. Ferguson

Dr. G.E. Pitkin

Dr. T. Gordon White

Dental Hygiene Matters:

Ms. L.L. Mickelson (Chair)

Dr. W.J. Dunn*

Mrs. Z.M. Dossett

Mrs. J.A. Ferguson

Dr. T. Gordon White

Finance and Property:

Dr. J.E. Stakiw (Chair)

Dr. W. J. Dunn*

Mrs. J.A. Ferguson

Dr. E. Luks

Mr. R.G. Redgrave

Dr. George C. White

General Purpose:

Dr. R.T. Lang (Chair)

Dr. W.J. Dunn*

Mrs. D.A. Hordo

Mrs. J.A. Ferguson

Dr. G. Nikiforuk

Legal and Legislation:

Dr. R.M. Beyers (Chair)

Dr. W.J. Dunn*

Dr. G.P. Citrome

Mrs. J.A. Ferguson

Ms. M. Harding

Dr. R.T. Lang

Professional Liability

Program:

Dr. George C. White (Chair)

Dr. W.J. Dunn*

Ms. L.L. Mickelson

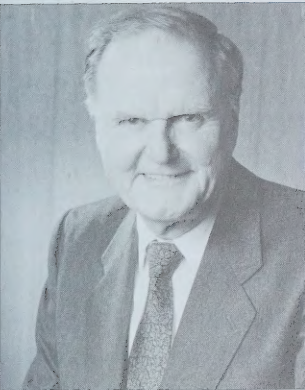
Dr. G.E. Pitkin

Mr. R.G. Redgrave

* The President is an ex-officio member on all Committees, with the exception of the following:

1. Complaints
2. Discipline
3. Registration

** May be invited to attend any meetings of the Committee where matters involving *Dental Hygiene* in general and/or a *Dental Hygienist* in particular are to be discussed.



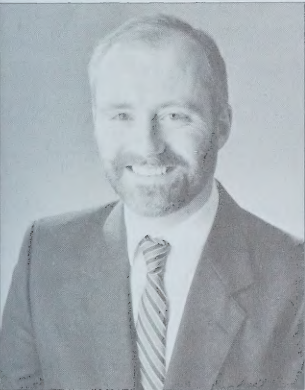
K.F. Pownall, D.D.S.



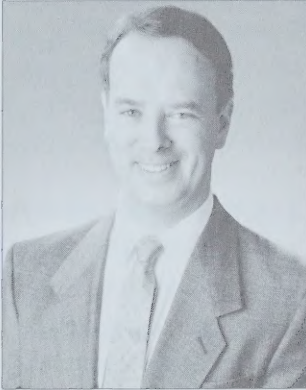
R.L. Ellis, D.D.S.



M.H. Stein, D.D.S.



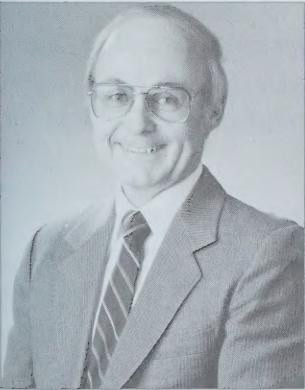
J.M. Gillespie, D.D.S.



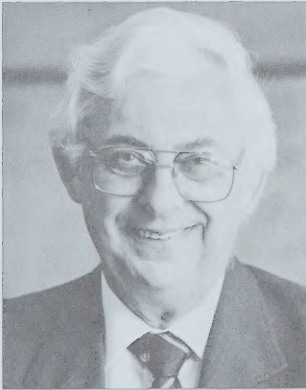
R.T. Hindman, D.D.S.



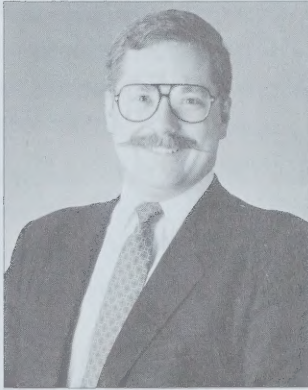
L.D. Strevens, B.Sc.D.



D.E. Carruthers, C.A.



E.J. Fox, D.D.S.



J.M. MacMillan, LL.B.

Registrar

Kenneth F. Pownall, D.D.S.
(January 1990 - July 1990)

Deputy Registrar

Roger L. Ellis, D.D.S.
(January 1990 - July 1990)
Registrar, Effective July 1990

Assistant Registrars

Minna H. Stein, D.D.S.
(January 1990 - July 1990)
Deputy Registrar,
Effective July 1990

James M. Gillespie, D.D.S.

Robert T. Hindman, D.D.S.
Effective July 1990

Executive Assistant

Linda D. Strevens, B.Sc.D.

Director Administrative Services

David E. Carruthers, C.A.

Professional Liability Program Administrator

Edward J. Fox, D.D.S.

James M. MacMillan, LL.B.
Designate, Effective
September 1990

Solicitors

Shibley, Righton

Auditors

Peat Marwick Thorne

Bankers

The Royal Bank of Canada

Chair: Wesley J. Dunn

Committee Members: R.M. Beyers, Z.M. Dossett,

L.L. Mickelson, J.E. Stakiw, T.G. White

Introduction

Part II of the *Health Disciplines Act* provides for the establishment of Dentistry's governing body, The Royal College of Dental Surgeons of Ontario, stipulates its objects, and delineates its authority. The statute, as well, requires the creation of an Executive Committee which, other than being unable, unilaterally, to make, amend or revoke a regulation or by-law, shall perform such functions of the Council as that body delegates to it and may take any action upon any other matter requiring immediate attention between Council meetings.

The Council, acting under the authority of the legislation delegated to it, has divided the work and responsibilities of the Executive Committee into two basic categories. The Executive Committee A, to the role of which this report applies, is responsible for matters bearing on the management and direction of the affairs of the College. Executive Committee B, to be reported on elsewhere, is mandated to consider matters bearing on issues having cognate relationships to complaints, discipline, and regulations concerning professional misconduct.

Subject to the provisions of the Act, Council, through the by-laws it has enacted, has conferred on the Executive Committee the authority to exercise – during the intervals between meetings of the Council – all the powers of the Council concerning the management and direction of the affairs of the College in all instances in which specific direction had not been given by Council at its previous meeting.

In fulfilling its statutory role and in conformance with the applicable by-law, the Executive Committee, in its biannual reports to Council, presents its recommendations for Council action in Part A but in Part B it reports on the actions it has taken on Council's behalf. Council does, however, have the authority to reverse or amend an Executive Committee action unless, of course, the matter is one in which the applicable conditions or circumstances create an irreversibility.

Following are the significant matters and issues to which, during 1990, the Executive Committee directed its attentions and which were reported to Council for its information and, when necessary, action. In some instances, policy matters, although having had their genesis within the Executive Committee, because they fell within the specific terms of reference of other committees, such as Finance and Property and Legal and Legislation, were referred to the consideration of the applicable committees and are reported on elsewhere.

Task Force on Access to Professions and Trades

A 492 page report of the Task Force on Access to Professions and Trades has been carefully studied and considered. The proposals it contains will, if legislatively implemented, have profound implications for the self-governing professions.

The Ministry of Citizenship has the responsibility for co-ordinating the provincial government's response to the recommendations, including the identification of appropriate implementation strategies. To this end, an Interministerial Working Group has been formed and a parallel process of consultation on implementation has been initiated with affected and interested groups.

A formal position paper was, as an initial response, submitted to government in response to the Access report. Except for one very important issue, there was unanimity within the Council in respect of the content. However, Council, during its November meeting, split on a 10/6 vote when Council approved the principle of "universal examinations" for all applicants for licensure in general dentistry in Ontario, irrespective of the school of graduation.

Health Professions Regulation Act

The report of the Health Professions Legislation Review, following its receipt by the Ministry of Health, was given further study by the Ministry to the end that a *Health Professions Regulation Act* (HPRA) could be presented for First Reading, in the form of a Bill. It was expected that hearings would have been held by the Committee on Social Development during the summer of 1990 with Second Reading to follow in the fall. However, a provincial election intervened resulting in the Bill dying on the Order Paper.

By the end of 1990, the intentions of the newly-elected government had not been formally announced – the Speech from the Throne was silent on the matter – but the Minister of Health gave a verbal intention that the HPRA, as originally drafted or as subsequently modified by her department, would likely appear on the list of government Bills for the spring 1991 session of the legislature.

The College continued to make submissions and respond to requests for input from the Ministry's Professional Relations Branch.

In contemplation of a major, future submission when the anticipated 1991 Bill is given consideration by, likely, the Committee on Social Development, a list of issues and items bearing on the *Health Professions Regulation Act*, as initially presented, was prepared. It served as a resource document for the Legal and Legislation Committee which, following the Committee's deliberations and recommendations, was presented to Council for referral to its 1991-1992 successor.

Open Discipline Hearings

The Executive Committee received as information the fact that the Discipline Committee of the College of Physicians and Surgeons of Ontario, acting on the advice of its counsel, declared Section 12(4) of the *Health Disciplines Act* to be unconstitutional. Accordingly, all future hearings of the CPSO Discipline Committee are 'open' hearings unless closed to the public for some legally-sustainable reason.

It may be observed that the same policy is extant within The Law Society of Upper Canada. It should also be noted that the Discipline Committee of The Royal College of Dental Surgeons of Ontario is not bound by the judgment of the Discipline Committee of the other College. Should the proposed *Health Professions Regulation Act* become law, then open hearings of Discipline Committees, for all governing bodies, will be the norm.

Advertising

On June 21st 1990, the Supreme Court of Canada (SCC) rendered its judgment concerning the College's appeal of the decision rendered by the Ontario Court of Appeal respecting the actions of Drs. Rocket and Price. The College's appeal was dismissed with costs. As a result, Section 37(39) of Regulation 447 – which deals specifically with advertising – was struck down. However, subsection 40 relating to disgraceful, dishonourable, or unprofessional conduct remains as an enforceable regulation within the professional misconduct section.

Based on the *obiter dicta* of the SCC judgment, advertising guidelines were drafted by a working group designated by the Legal and Legislation Committee consisting of the L & L Chair, Registrar, Legal Counsel, and the President. Because of the urgency attaching to the circulation of the guidelines, the L & L Committee further requested that the product of the working group be presented to the Executive Committee for adoption – with Council approval to be sought in November.

The Executive Committee was presented with draft #3 of the guidelines as well as comments from four members of the L & L Committee plus one other Council member on the guideline document, and the announcement concerning it.

The draft guidelines had also been shared with the Ontario Dental Association on the clear understanding as to where the jurisdiction for the issue lies. The ODA Executive Director subsequently forwarded a most positive response on behalf of the Management Committee.

The Executive Committee reviewed the draft guidelines in juxtaposition to the comments that had been submitted, effecting appropriate amendments where indicated. The guideline document was then unanimously adopted and instructions were given to include the printed *Guideline* with the August 1990 *Dispatch*. Council subsequently ratified the document.

PRAM Communications / Partnership Program Dental Receipt with 'Cents-Off' Coupon

PRAM Communications first approached the College in 1989 with the proposal of a partnership program involving Safeguard Business Systems, SmithKline Beecham, and the Canadian Cancer Society.

The program would make use of the dental receipt by adding a 'cents-off' coupon for the purchase of Aqua-fresh tooth-paste (coupled with a donation to the Cancer Society) on the bottom of the receipt, and a health message (from the Canadian Cancer Society) on the back of the receipt.

Subsequent to the College's rejection of the original proposal, PRAM Communications submitted an alternate proposal in September 1990. The Executive Committee later met with the proponents.

Following careful review of the proposal, the Executive Committee decided it was not prepared to endorse the proposed partnership program.

MRCD(C) Designation

The Council again reiterated its view that although it is acceptable for dentists holding the fellowship qualification of the Royal College of Dentists of Canada to employ the designation FRCD(C) in respect of any advertising relating to their practices, the use of the MRCD(C) in like fashion continue to be proscribed.

Dental Insurance

The Sub-Committee on Insurance, comprising Dr. R.M. Beyers (Chair) and Mrs. Z.M. Dossett, continued its study of several aspects of dental plans because the public interest is involved. It early became clear to the Sub-Committee that the dental consultants have little, if any, involvement in company decisions concerning the contractual nature of the services provided by dental plans. The decisions would appear to be made, essentially, by the insuring companies in consultation with employers.

In the fall, the Sub-Committee, through the Executive Committee, presented its report to Council. Three areas of consideration had emerged from its deliberations:

1. The complexity of the dental benefit industry and the factors that contribute to that complexity;
2. the trend towards flexible benefits and cost containment; and
3. the possible involvement of the RCDS in areas such as
 - a) direction concerning the purposes and frequency of radiographs;
 - b) the role of prophylaxis, its appropriate fee and the appropriate auxiliary to provide it;
 - c) profiling which, if carried out by the licensing body, could create a dynamic standard devised by the profession and would be non-invasive for most practitioners; and
 - d) educating and reminding members to treat patients, not plans.

From a discussion with a knowledgeable consultant, the members of the Sub-Committee were left with the impression that the insurance industry would like to be as non-invasive as possible and is looking towards cost containment measures only as a last resort. The industry would welcome the College's leadership in areas of possible abuse, which could reflect positively on the cost containment aspect.

The Council, in receiving the report, has referred it to the 1991-1992 Council respectfully recommending that further consideration be given and appropriate action be taken as soon as reasonably feasible.

Canadian Dental Service Plans Incorporated

At the request of the President of Canadian Dental Service Plans Incorporated (CDSPI), the Executive Committee met with the Corporation's Management Committee. The purpose of the meeting was not a technical comparison of the liability programs operated by CDSPI and the RCDS. The issues were philosophical and were advanced in light of the national interest of dentistry.

The CDSPI representatives requested the Executive Committee to give consideration, for the greater good of all dentists across the country and especially those practising in smaller provinces where a provincial liability program was not an option, to agreeing on the principle that universal liability coverage would be of benefit to the dental profession in Canada. If that principle could be agreed upon by the RCDS and the CDA, then the two groups could enter into discussions to address the creation of a national vehicle for liability coverage.

Subsequent to the presentation of and discussion with the CDSPI representatives, the Executive Committee was in agreement that some provinces would find it difficult or impossible to operate their own liability plans. However, the Executive Committee, at the time of the meeting, was reluctant to enter into further discussions with the CDSPI until the Committee could benefit from further, independent information. Such information was subsequently sought from other provincial governing bodies.

All eight provincial licensing authorities contacted by the Registrar (Quebec was excluded because of the operation of its own plan) responded to his enquiry.

Although most of the provinces have the authority to mandate professional liability coverage, the development of individual provincial plans is not an option for them, with the possible exception of British Columbia. Therefore, it is important to these provinces that their members can be insured under one national program, as obtaining professional liability insurance on an individual basis through other insurance carriers is difficult and costly.

Following a careful and conscientious consideration of all the pertinent issues and concerns, the College's previous position was restated. The RCDS would not wish to abandon its very successful program which it considers superior to any other liability program for dentists being operated. It was concluded there was (a) agreement with the principle that one national program for liability coverage would be good for the dentists of Canada, and (b) agreement that the College would only consider the possibility of linking its program to a national one if the CDSPI program were consistent with that of the College and if various administrative requirements could be satisfied.

Accessibility to Dental Care

As a consequence of Council's earlier action in not adding community health centres to the regulation which permits a municipal or other government, an agency of a municipal or other government, a university or a hospital to employ dentists, there has been an on-going dialogue between the College and the Ontario Dental Association. A Committee consisting of representatives of the ODA, community health centres and a public member of Council, highly experienced in the role and activities of community health centres, has had meetings concerning the issue of accessibility to dental care.

In acknowledging there are segments of the population not covered by public programs and which, for a number of reasons, would not access dental care through private practice, the Committee is working towards a possible solution without the necessity of opening the regulations to permit dentists to be employees of community health centres. Various options are being explored.

Alternate Funding Arrangements

On the request of the Executive Director of the Policy Development and Co-ordination Division of the Ministry of Health, the President and Registrar attended two meetings to exchange views on alternative funding methods for the payment of insured dental benefits. A request was made of the College to cooperate in the design and implementation of a pilot project of an accreditation process for dental practices which offer services outside a fee for service basis. The Ministry also proposed a very truncated amendment to the regulations that would circumvent the strict interpretation of Section 37(6) which defines 'professional misconduct' as 'charging fees for services not performed'. This could have particular applicability to capitation programs.

Neither the pilot project for the accreditation process applicable to capitation programs nor the almost total emasculating of the College's carefully developed regulations proposed in respect of alternate funding arrangements could be supported.

Accreditation Support

In 1989, the Council gave consideration to a request from the Canadian Dental Association for an increase in the College's grant to support the accreditation process. The grant had been calculated on the basis of \$10 per member. The request was for a doubling of the amount. The on-going grant was maintained but Council postponed, until its April 1990 meeting, final action concerning the transmission of the increase. Direction was given to provide that additional amount. Thus the current RCDS grant to the work of the Council on Accreditation is that calculated on a per capita of \$20.

Public Health Dental Services to Seniors in Collective Living Centres

The Executive Committee benefited from a presentation made by Dr. T.W. Hicks, Dental Officer of Health for the Simcoe County District Health Unit and Dr. D.J. McFarlane, Senior Dental Consultant, Ministry of Health. An extensive documentation was augmented by verbal explanations and responses to questions posed by all members of the Committee. It became clear that the Ministry is currently well advanced in mandating a program of dental services to the elderly not unlike that of the Children in Need of Treatment program.

The provincial Advisory Committee on Dental Care for Seniors in Need has recommended:

That a dental preventive program be made available for residents of Collective Living Centres (CLC) and the home-bound elderly, and that the following services be included in the Health Elderly section of the mandatory programs under the *Health Protection and Promotion Act* to include:

1. dental screening of residents,
2. referral of those in need of restorative services,
3. provision of preventive measures,
4. annual in-service presentation to caregivers.

In Ontario, there are approximately 70,000 seniors resident in CLCs and of these 70% to 77% are in need of preventive care and 27% to 28% are in need of dental treatment.

The public health program offered by the Simcoe County District Health Unit was carefully reviewed, particularly the role of the Unit's dental hygienists in the undertaking. It is clear that all preventive treatment given to residents by staff dental hygienists is provided as a direction of the Health Unit Dental Director. The Executive Committee was of the view that the responsibilities within the program were totally consistent with the provisions of the regulations concerning supervision and direction earlier made by Council and forwarded to the Ministry.

Dental Care for the Elderly

The College received a letter from a member on behalf of a few colleagues, the Department of Dentistry in Scarborough General Hospital, and the East Toronto Dental Association. The dentist advised that the Department of Dentistry of the hospital had acquired sophisticated mobile equipment which can be employed for every phase of dentistry in the operating room, clinic, ward room and outside the hospital in nursing homes and residences. It was the wish of the group to be able to publicize the availability of the service to the community.

The Executive Committee took the view that, provided the service as outlined in the letter is rendered under the auspices of the Scarborough General Hospital, there is no objection to its provision.

Professional Incorporation

The Executive Committee learned that the application by three members of the College "for an Order declaring that their constitutional rights have been violated as a result of the *Business Corporations Act of Ontario* and the *Health Disciplines Act* which have the effect of prohibiting them from incorporating their respective professional practices" was not successful. The issue was sufficiently clear to the High Court judge that, notwithstanding a Charter issue was under consideration, he awarded costs to the Attorney General of Ontario. A formal appeal was instituted by the three dentists concerned.

The College had intervenor status at the hearing because it was necessary to protect several regulations vital to other areas of the College's mandate. The College's submission indicated that the College favoured incorporation for dentists pursuant to a legislative scheme which permitted the College to continue to operate effectively while at the same time allowing members to incorporate their practices.

Policy Document re: Complaints and Discipline Procedures

Because of what might be called "perceived communication problems", the Executive Committee and the Complaints Committee, with two lawyers and three members of the registrarial staff present, met to consider the matter. Various processes were outlined particularly in respect of when matters are referred from Complaints to the Discipline Committee. But in respect of the legal requirements of the latter it may not be possible to acquire the necessary evidence to warrant the issuing of a formal charge.

The registrarial staff produced a document, subsequently reviewed and approved by both the Complaints and Discipline Committees, which was given Council approval. It is confidently expected that an adherence to the provisions of the policy document will result in procedures which will minimize problems in communication.

Guidelines – Referring Dental Patients to Specialists

A memorandum was received from the Dental Specialties Committee of the Canadian Dental Association enclosing a document prepared by the Council on Dental Practice of the American Dental Association entitled, "General Guidelines for Referring Dental Patients to Specialists and Other Settings for Care". The CDA Committee is of the view there is merit in developing similar guidelines for use in Canada.

Following study, it was agreed that a document, the content of which could improve upon and facilitate the referral process, would be of benefit both to the public and to the profession. And, given its national applicability, the CDA would be the appropriate body to promulgate such a document.

Level II Dental Assisting

During the November 1989 meeting of Council, a motion was presented to the effect that the College support the position of the Ontario Dental Nurses and Assistants Association that dental assistants who are qualified to perform intraoral duties be "regulated" under the jurisdiction of the RCDS rather than under the future College of Dental Hygienists (CDH).

"Regulation" is not at issue. There will be no statutory authority in respect of either the RCDS or the CDH to "regulate" anyone other than its own members. All that is involved is the maintenance of a listing of those qualified, a function which the RCDS has agreed to perform.

Level II Dental Assistants from Other Provinces

On receiving an application from an out-of-province level II dental assistant to be listed as a preventive dental assistant in Ontario, the Executive Committee gave much consideration to the matter of general equivalencies not only in respect of the province in which the applicant was qualified, but for the other Canadian provinces, as well.

Section 49 of Regulation 447, provides for certain specified acts in the practice of dentistry which may be performed, under the supervision or direction of a member, by "a preventive dental assistant who has successfully completed the preventive dental assistants' program of a College of Applied Arts and Technology, or other courses approved by Council".

Following protracted debate, the view prevailed that persons from other provincial jurisdictions, whose training could be considered equivalent to that of an Ontario preventive dental assistant, should be allowed, now, to function as a preventive dental assistant in this province. Accordingly, a resolution was adopted which gave approval to "other courses" in the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia, and Prince Edward Island from which the successful graduates were capable of being certified in an equivalent capacity in their respective provinces.

Position Descriptions / Performance Assessment

The descriptions of all positions within the College (there were 25 employed at the end of 1990) have been completed and policies are now in place for a fair, equitable, and conscientious approach to performance assessment. A review of Executive Staff performance is encumbered within the overall performance assessment policies of the College.

Position descriptions are added or modified as changes in staffing and/or duties occur. In conjunction with the program, approval was given to a salary review proposal which contains four elements for setting salaries.

The procedures were implemented in 1990 and, as a consequence of the performance reviews, it can be most confidently reported that the College is being well and competently served by its staff.

RCDS Listing – Telephone Directories

In order to facilitate the public's contact with the College, a decision was made to list the name, address, and telephone number of the College in the yellow pages of Ontario's telephone directories.

The College has made application for the creation of a new section, within the directories, under the heading "Dental Regulatory (or Governing) Bodies". The application process for a new classification takes a least a year. In the meantime, the College listing will appear in alphabetical order under the "Dentists" section.

General Mailing Service

A general mailing service was established primarily – but not exclusively – for retired members who are no longer recipients of communications from the College. The service will include the *Dispatch*, the *Proceedings*, and such other items as, from time to time, are determined. There is a fee of \$25 for retired members and one of \$40 for all others.

Environmental Awareness Program

The College is environmentally sensitive. It is planned, if at all feasible, that used fine papers be collected for recycling and that recycled paper be introduced for use in the conduct of the business of the College.

Code of Ethics – Canadian Dental Association

The Canadian Dental Association, through its Committee on Ethics, has been working creatively, constructively, and competently towards a major re-draft of the Association's Code of Ethics. The College has been privileged to serve as an on-going responder when invited to contribute its views and suggestions.

Children in the Dental Office, Verbal and Physical Abuse

Four paediatric dentists were the catalyst for a discussion of a Complaints Committee item in the August 1990 *Dispatch* on the verbal and physical abuse of children in the dental office. All were in essential agreement with the thrust of the article but felt that the College should go further and give guidance to the profession concerning this important topic.

A request was made of the Ontario Society of Paediatric Dentists to develop the draft of a guideline document for review by the College and, following approval, subsequent circulation to the membership. The request was received positively and the preparation of the document was begun.

Endodontic Therapy

A member of Council expressed concern in respect of the use by a member of general practitioners in the province of a product and technique that were neither taught by any Canadian dental school nor endorsed by those engaged in the specialty of endodontics. The views of the President of the Ontario Society of Endodontists and those of the Chair of the Department of Endodontics at the University of Toronto were sought along with requested advice as to the appropriate standards of practice applying to the filling of root canals.

As a consequence of the above, an article was prepared which will appear in an early issue of *Dispatch* in 1991.

Tooth Whiteners

A very useful and informative article on "tooth whiteners" was approved for publication in the August 1990 *Dispatch*.

The Executive Committee reviewed promotional material employed by a manufacturer and promoter of a whitening system. Within it, the company announced the introduction of a referral service. The purchase of a certain number of whitening kits entitles the dentist to be placed on the referral list.

The company was advised that under the Ontario regulations, dentists in the province may be found guilty of professional misconduct if they directly or indirectly receive a referral benefit in respect of the purchase of dental products.

Again, the August 1990 *Dispatch* contained a cautionary note to members concerning any involvement with the referral service.

Dental Lasers

A statement bearing on "dental lasers", because of some significant public interest, was prepared. Following appropriate consultation, the final version was approved for publication in the February 1990 issue of *Dispatch*.

Appreciation

After the policies have been determined, the on-going work of the College and the thoroughness and effectiveness by which it is performed are almost entirely dependent upon the conscientious diligence and competence of our 25 members of staff. And this College is indeed fortunate to be served by a group of dedicated people whose loyalty to the organization is unquestioned. Warmest thanks and deepest appreciation are enthusiastically extended to all of them.

The activities of the Executive Committee A and the efforts of its Chair are greatly enhanced through the knowledgeable and effective contributions of Ms. Ingrid Kleysteuber and Mrs. Ruth Webster. Ms. Kleysteuber possesses an almost encyclopaedic knowledge and understanding of the policies of the College and the actions of its Council and Executive Committee. She is a resource to which grateful reference is frequently made. To say only that Mrs. Webster types the Chair's letters, memoranda, resource documents and the like would be to understate, significantly, the role which she so graciously and effectively plays. Her contributions to content, format, and style are much appreciated and most gratefully acknowledged.

And, finally, to my respected Committee colleagues. It has been a privilege for the Chair to have had the welcome opportunity of working with such a competent and conscientious group of colleagues. Opinions, on a range of issues, frequently varied. The often diverse views were, if not vigorously, at least enthusiastically espoused. But the work of the Committee proceeded co-operatively and without rancour. Sincere gratitude is expressed to all who made the 1989-1990 term a rewardingly productive one.

Chair: J.E. Stakiw

**Committee Members: R.M. Beyers, Z.M. Dossett,
W.J. Dunn, L.L. Mickelson***

The by-laws of the College divide the work and responsibilities of the Executive Committee into two basic categories:

- a) Executive A Committee is responsible for the matters bearing on the management and direction of the affairs of the College;
- b) Executive B Committee is responsible for matters bearing on issues having cognate relationships to complaints, discipline, and regulations concerning professional misconduct.

The Executive B Committee has the same composition as the Executive A Committee except in cases where a conflict exists because a member also sits on the Discipline Committee. With matters involving dental hygiene, the elected dental hygienist observer assigned to the Executive Committee is invited to sit with the Committee during its deliberations.

The Committee met seven times during the calendar year and has considered numerous matters. The following list describes some of the issues placed before the Committee during that time:

- concerns regarding the lack of control over narcotic drugs kept in dental offices;
- prescribing excessive amounts of narcotic drugs to patients;
- concerns respecting infection control practices;
- prescribing narcotic drugs for non-dentally related reasons;
- results of investigations ordered under Section 40 of the *Health Disciplines Act*;
- results of office monitoring visits;
- illegal advertising (before the June 30, 1990 Supreme Court Decision).

Guidelines regarding professional advertising were circulated following the Supreme Court of Canada's decision to strike the College's advertising regulation. These guidelines were intended to protect the public from unprofessional or misleading advertising and to assist dentists in determining what would be considered acceptable in respect of professional advertising.



Mrs. Zita Dossett (Public Representative)

Dentists should consult the published guidelines before entering into advertising agreements. Contraventions of the guidelines or the principles contained therein may lead to charges of professional misconduct under Regulation 447 made under the *Health Disciplines Act*, R.R.O. 1980, which states:

37.(1) For the purposes of Part II of the Act, professional misconduct means:

- 40. "conduct or an act relevant to the practice of dentistry that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional."

Appreciation

The Chair wishes to thank the members of Executive B for their conscientious efforts and empathetic consideration relating to the very important matters brought before them.

Special thanks to Ms. Evelyn Gavin for her help in transcribing the volumes of material for the Committee and to Dr. Minna Stein for her unfailing good sense and hard work that made the work of the Committee over two years a most rewarding experience.

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

Chair: P.W. Dean

Committee Members: G.P. Citrome, M. Harding, J. Ferguson*

Introduction

As the accompanying Complaints Committee activity report indicates, the period January to December 1990 was a busy and productive one for the Complaints Committee. Looking back over two years of experience on the Committee, it seems that complaints in general are increasingly more complicated and sophisticated. Perhaps this is a reflection of an increasingly sophisticated public. Complainants are better able to detail concerns resulting in an increase of time devoted in arriving at Committee decisions.

Fortunately, the burden of Committee work is lightened to a considerable degree by the College staff who are able to address a large number of public concerns received by telephone. The vast majority of public concerns dealt with in this fashion are resolved with the callers feeling that it is unnecessary to proceed with a formal written complaint.

In addition, the efforts of the Local Dental Society Mediations Committees further reduce the workload of the Complaints Committee. However, over this past year, several of the complaints appearing before the Complaints Committee had already been vetted through the mediations process.

Dispatch

Many of the recent issues of *Dispatch* have contained articles originating from the Complaints Committee. In these articles, the Committee has attempted to proactively advise the profession about problems which come up on a frequent basis. The Committee feels that this is a valuable preventive exercise for the profession. These articles have dealt with topics such as physical and verbal abuse, the requirement to provide reports, the duty of a general dentist to oversee a patient's care even where various referrals to specialists have been made and, most recently, maxillary implants.



Dr. P.W. Dean (Chair)

Specialists

As expected, many of the complaints received by the Committee concern services provided by specialists. Specialists fulfill an important and difficult role in the profession. Often, they are expected to deal with clinical situations which general practitioners have considered beyond their capabilities. These more challenging clinical situations can be expected to give rise to a number of complaints. Although the Committee is cognizant of the often difficult situations specialists must deal with, it recognizes that there is a higher standard of care expected of specialists. Obviously, when addressing the question of whether the standards of the profession have been met, the Committee must look to a somewhat higher standard when dealing with complaints concerning specialists.

Statistical Reporting

Before moving on to the statistical component of the report, a few qualifying remarks are in order. The traditional role of the *Proceedings* is to bring the membership up-to-date on Committee activities over the past year. Unfortunately, it is often difficult to draw inferences from these statistics due to the complex nature of the complaints process. The process often entails a review by the Health Disciplines Board, which

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

is part of the provincial government and not part of the College. Upon receipt of the decision of the Complaints Committee, the parties to a complaint have a period of twenty days in which to decide whether or not to request a review by the Health Disciplines Board. It is not unusual for there to be a delay of six months to one year before the Health Disciplines Board review takes place. Thus, many of the results reported here relate to complaints arising over a different time period.

The statistical report indicates that 233 complaints were received in the period January to December 1990 (since the last *Proceedings* was published) and that, during the same period, 31 decisions of the Complaints Committee have been confirmed by the Health Disciplines Board. However, these Health Disciplines Board confirmations may relate to complaints received and dealt with by the Committee during an earlier period. Similarly, although members of the staff may have attended 40 Health Disciplines Board hearings during this period, these hearings may have arisen in connection with complaints received in a previous period.

Notwithstanding the limitations of these statistical reports, some inferences can be made when results are compared arising from the same time period. For instance, from January to December 1990, 31 Complaints Committee decisions were confirmed by the Health Disciplines Board while four (4) were returned to the Committee for a new decision during the same period.

Complaints Committee Activity Report

1. Number of written complaints received January to December 1990 - 233
2. Number of meetings from January to December 1990 - 17
3. Number of interviews: dentists - 60; complainants - 42
4. Number of other cases discussed at meetings - 150
5. Number of decisions issued between January and December 1990 - 170

6. Number of referrals to the Discipline Committee - 11 (of the 170)
7. Number of referrals to the Discipline Committee with respect to one complaint each - 8
8. Number of referrals to the Discipline Committee with respect to two complaints - 1
9. Number of referrals to the Discipline Committee with respect to three complaints - 1
10. Number of referrals to the Discipline Committee with respect to seven complaints - 1

Health Disciplines Board Activity

The number of decisions appealed to the Health Disciplines Board from January to December 1990 was 31. The date for nine hearing(s) has been scheduled by the Health Disciplines Board but, no dates have been scheduled for the remaining 22. From January to December 1990 the College was notified that 31 decisions of the Complaints Committee have been confirmed and that four cases be returned to the Committee for new decisions.

However, some of these complaints may have been dealt with initially by a previous Complaints Committee. During this period, the College staff attended 40 Health Disciplines Board hearings.

A considerable number of complaints involve several areas of dentistry. The following page contains a summary of the major areas of dentistry involved in complaints during 1990.

Area	Number of Complaints
Endodontics	23
Periodontics	13
Oral Surgery	23
(including extractions)	
Prosthodontics (fixed)	39
Prosthodontics (removable)	17
Orthodontics	15
General dentistry	103
(examinations, restorations, verbal or physical abuse, falsifying claims or records, fees - pursuing accounts, unprofessional conduct, etc.)	
Total	233

The following summary outlines the number of practitioners with three (3) or more complaints during the 10-year period of 1979 to 1989:

Number of Practitioners	Number of Official Complaints
1	24
1	16
1	15
1	13
2	12
2	11
5	10
5	9
7	8
10	7
10	6
36	5
53	4
80	3
214	143

Of these 214 practitioners, 45 were specialists.

Appreciation

The members of the Complaints Committee express their appreciation to the staff of the College who make our job look easy. We do thank Dr. Jim Gillespie, Dr. Bob Hindman, Mrs. Kay Chuckman, and Mrs. Mary McMann for their great efforts. We sincerely appreciate the tireless work provided for the Committee over the past two years.

A very special "thanks" this term to Mrs. Gladys Holder. Gladys reaches a milestone in her years of service to the College in general, and to the Complaints Committee in particular. After 17 years of service, Gladys retires in February, 1991. Her dedication and organizational abilities have greatly simplified the work of the Committee. It never ceases to amaze the Committee members that Gladys is able to locate essential information on very short notice. We shall miss her sense of humour and her ability to make a difficult job look easy. We shall also miss her tea and cookies. We wish Gladys a long, healthy and happy retirement.

Chair: G.E. Pitkin

**Committee Members: E.F. Chubb, D. Hordo, R.T. Lang,
E. Luks, G. Nikiforuk, G.C. White, T.G. White, L.L. Mickelson***

The 1990 issues of *Dispatch*, published in February, April, June, August, and October, reported 13 hearings that the Committee had dealt with during the year. This was one less reported case than in 1989. Two unsuccessful appeals of the Committee's decisions were also disclosed in the College's publication. For further details of these matters, please refer to the aforementioned issues of *Dispatch*.

The Committee continues to deal appropriately with the matters referred to it. Fraud, partnership disputes, clinical policy deficiencies, and, most disturbing, drug trafficking charges comprise the majority of the issues the Committee members must deal with. Most of the fraud cases, sadly, still pertain, for the most part, to acceptance of assignment by some practitioners. The Committee looks upon fraud most seriously. Partnership/associateship breakup problems continue to surface, some with the most unprofessional rancour imaginable. Rehabilitation, where suited, is still the policy related to members exhibiting clinical practice failings. Drug trafficking cases often come to the College as a result of arrest publicity incurred by a member. The College, in order to correctly fulfil its mandate to protect the public, must often act in a timely fashion to deal with these individuals to assure that they do no more harm to themselves, their patients, or the population at large.

This past two years of the Committee's tenure have been noteworthy in that three items of concern have manifested themselves and through this report, the Committee wishes to draw these items to the attention of the College and its members.



Dr. G.E. Pitkin (Chair)

The first matter the Committee wishes to highlight is the substantially increasing number of multiple-day hearings that have taken place during this time. To say it was unusual in the past for hearings to go on for more than one day is a definite understatement. Many years ago, if a member was found guilty of professional misconduct charges, the College could levy the costs of the hearing against the guilty member. This situation still exists in other provinces in Canada. Currently, this cannot be done in Ontario and the College must bear the entire cost of presenting its side of the case to the Discipline Committee. These costs are, of course, supported chiefly by the fees members pay to renew their licences to practise. Those brought before the Discipline Committee have the perfect right to present their argument in defence of allegations of professional misconduct clearly, concisely, and with no stricture of time constraint. This has been and will continue to be the policy of the Discipline Committee, I am certain. There is, however, to some, a perception that some matters defended before the Committee have been unduly protracted and drawn out during this term. Many simple cases have become complicated in the hands of some lawyers and have resulted in very lengthy and costly proceedings (costly both to the College and

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.



Discipline Committee in session

especially the member before the Committee). Some have expressed the view that this may be reflective of a more litigious attitude afoot in the land, or that as our professional services have become more complex so have the legalities necessary to legitimize them, or that, as some lawyers appear to be less busy these days, longer hearings provide them with better sources or revenue. The Committee would recommend that, when members are ever faced with the spectre of discipline hearings, they obtain competent and experienced legal advice and that they examine not only the options available to them in their defence but the realities, severities, and consequences of how they intend to deal with them. Long hearings are not necessarily appropriate hearings.

The second concern that has arisen during this term relates to partnership/associateship dissolutions. It seems that some members feel it is appropriate to utilize the legal and financial resources of the College to deal with their often petty and unprofessional civil disputes planned to occur in other more legal jurisdictions. In matters such as these, the College becomes just a step along the way to bigger and better proceedings elsewhere. In these hypothetical situations, one partner complaining against another in our quasi-judicial setting would hope to gain an advantage over the other by the decision of the Discipline Committee when the matter moves on to the "real" courts. The cost and motives of these hearings many would feel could become obscene. Is it appropriate for the discipline system of the College and membership fees to be used to settle these, for the most part, civil disagreements?

The Committee hopes the final concern will soon be answered by the administration of the College. Manuals are being prepared outlining not only the duties of each Committee of the College but the procedures available to them in the performance of their tasks. The Committee commends this exercise and hopes that it will educate inexperienced members of Council as to the possibilities and capabilities of dealing with potential referrals to Discipline. Often, there are simpler ways of dealing with individuals in need of improvement than sending them on to Discipline. It is hoped that future College committees capable of enacting these matters will be made more aware of the creative possibilities of carrying out their mandate. It would surely prevent the odd unnecessary referral and provide the College with more appropriate ways of dealing with those members in need of help.

I have chaired this Committee for four years now and hope that I am the better for the experience. It could be easy to become jaded in one's view towards his fellow professionals if all he saw were those who come before this Committee. Fortunately, I have been around long enough to have seen the big picture. I practise too, believe it or not, and with my experience on the Council for eight years (and soon starting my ninth and tenth) and my past opportunity to serve the public and the profession as the President of both the RCDS and the Ontario Dental Association, I know that the vast majority of the practitioners in this province are dedicated, hard-working, honest professional ladies and gentlemen and I am proud to be associated with them. The Discipline Committee often deals with the fringe element that is found in any level of career activity. The Committee hopes that its rehabilitative and deterrent policies have been fruitful.

Appreciation

It has been a privilege and honour to act as Chair of this Committee for four years and to have worked with and known a terrific bunch of people. The members of the Committee have been an inspiration and their service to the public and the profession has been exemplary. A thankless job has been made much less burdensome by their good humour and sacrifice. For the most part, the legal assistance given the Committee by the lawyers for the College, the members, and the Committee's own independent advisors has been much appreciated – albeit, occasionally the Chair felt like a referee at a title match in dealing with the posturing of some of the combatants. A final word of thanks, a sentiment not nearly enough, to express my personal, and the Committee's sincere thanks to Dr. Minna Stein and her most capable assistant, Ms. Evelyn Gavin, for helping to make the Committee's task easier and more pleasant. To say that these individuals are dependable is almost a disservice. They have been **dependability** itself!

Thanks for the opportunity to have served in this capacity the past four years. I wish my successor well and only hope that he or she is blessed with the quality people I had to assist me.

Be proud of your profession; we have a lot to be proud of.

Chair: E. Luks

**Committee Members: E.F. Chubb, P.W. Dean,
J.A. Ferguson**

The Registrar handles applications which meet all of the requirements. In total, 241 licences were issued for general practice in which all requirements were met. 81 were University of Toronto graduates; 36 University of Western Ontario graduates; 105 successfully completed the examinations conducted by the National Dental Examining Board (NDEB); 17 were Education licences and 2 were approved by the Registration Committee. There were 25 specialty certificates granted. These were in the following specialties:

Endodontics

Mervin R. Duncan, Stewart Shapiro, James G. Coyne,
Ingeborg R. Patterson

Oral and Maxillofacial Surgery

Steven P. Caples, Jerrold E. Armstrong, Ginny Eidingen
(now Papsin)

Orthodontics

Robert K. Bartlett, Clifford B. Hill, Anthony D.P.N. Mair,
David R. D'Aloisio, Hali C. Dale, Claire F. Tjan, Pavel A.
Sectakof, Robert M. Tocchio, Paul H. Korne



Dr. E. Luks (Chair)

Paediatric Dentistry

Mary L. Krywulak, Elizabeth A. Young

Periodontics

Cary Galler, Paul D. Martin, Russell E. Boyce,
Carolyn A. Mason, Joanne M. Pouchet

Prosthodontics

Yvonna V. Hrabowsky

Oral Pathology

Gordon A. Pringle

The RCDS wishes to thank the following consultants for their help in reviewing applications, and assisting the Registration Committee in assessing qualifications:

Specialty

Dental Public Health
Endodontics
Oral Pathology
Oral Radiology
Oral & Maxillofacial Surgery
Orthodontics
Paedodontics
Periodontics
Prosthodontics

Appointed by RCDS

Dr. David Banting
Dr. J. Keith Hunter
Dr. John Hardie
Dr. George C. Stirling
Dr. Garry Hurd
Dr. W.D. Beaton
Dr. Donald A. King
Dr. Brian E. Reed
Dr. Philip A. Watson

Appointed by Specialty Group

Dr. A. Jack Lee
Dr. Lorne Chapnick
Dr. G.P. Wysocki
Dr. S.M. Fireman
Dr. L.A. Smart
Dr. R. Bozek
Dr. F. Pulver
Dr. Robert Turnbull
Dr. B.L. Pedlar

Future Changes in General Practice Licensing Requirements

Presently, licensing for general dentists is granted on the basis of graduation from an approved dental program at a Canadian University that has been accredited by the Canadian Dental Association (CDA) or by graduation from any other university-based dental program, and passing of the National Dental Examining Board (NDEB) examinations. Graduates of accredited dental schools from the United States are required to successfully complete the entire NDEB examination process.

The Registration Committee has reviewed, in detail, the current process of licensure in Ontario and has concluded that in the future all applicants for licensure in general dentistry will be required to sit a universal examination irrespective of the school of graduation. These examinations will be phased in as soon as procedures are determined. Foreign-trained dentists from university-based programs of adequate length will be subject to the same examination procedures as Canadian dental school graduates, once the complete examination process is functioning. This recommendation of the Registration Committee was approved by Council at its November 1990 meeting and discussions and meetings will be organized during 1991 to work out the details of the new licensing examinations, the process, and provisions. The objectives of the new examinations will be to identify qualified candidates by a fair and equitable procedure. "Protection of turf" will not be a priority, as it is not in the public interest and contravenes Human Rights legislation.

A great influx of foreign-trained dentists to negatively impact on dental manpower is not expected as Canadian immigration is still a requirement for practice in this province. It is recognized that there are a significant number of Canadian students in dental schools in the United States planning to return to this province, but it is felt that they are as qualified as Canadian graduates and indeed it is a healthy condition to have practicing and teaching dentists from a variety of educational backgrounds. It is recognized that the great majority of dental research and clinical developments originate from approximately fifty U.S. dental schools and their associated research programs.

It is expected that the NDEB certificate by examination, will continue to qualify for licensure, but it is not unfair to state, the RCDS Council, is concerned about this formidable examination procedure that is very costly, inconvenient, time consuming, and inconceivably high failure rate. It is entirely possible that the RCDS will be able to work out a satisfactory examination procedure under the auspices of the NDEB. The question of portability must also be addressed, but at the same time it must be recognized, that the provinces of Quebec and British Columbia have additional requirements to the NDEB Certificate.

This great effort to improve the registration procedure for licensure responds to the following objectives:

1. To develop a licensure requirement that is not viewed as self-serving and inequitable when some applicants are required to pass examinations and others are not.
2. To address the concerns of the Ministry of Citizenship's recommendations of the Task Force on Access to Professions and Trades in Ontario.
3. To comply with Human Rights legislation.
4. To continue to place emphasis on the development of improved clinical programs at Ontario dental schools.
5. To address the concerns of attracting qualified clinical staff to Ontario dental schools.
6. To address the deficiencies of the CDA Accreditation process.
7. To address the concerns regarding the onerous NDEB examination process.
8. To address the concerns of the CDA-ADA Reciprocity Agreement.
9. To address the concerns of the Federal Trade Agreement between Canada and the U.S.
10. To protect the public by a fair and equitable process whereby all candidates for licensure undergo the same examination requirements.

Specialty Certification and The Royal College of Dentists of Canada

Regulation 447 under the *Health Disciplines Act* provides for specialty certification. The Registration Committee is very concerned about the Royal College of Dentists of Canada [RCD(C)] fellowship examination requirements for orthodontists, in that it necessitates the taking of post-treatment and post-retention radiographs that are for examination purpose only. These are not for diagnostic purposes and thus can be argued as not being justified. This is not in the public interest as it is contrary to the *Healing Arts Radiation Protection Act* and may be considered as an act of professional misconduct. The RCDS has made this concern known to the RCD(C) and it is hopeful that the examination requirement will be modified. By direct extension, this position of the RCDS also applies to the similar examination requirements of the American Board of Orthodontists.

The taking of radiographs must be justified and there must be a diagnostic reason for doing so. The taking of routine post-treatment cephalograms and/or panoramic radiographs of orthodontic patients is not justified. This seems to have been a perceived standard of practice which no longer exists. If however, there is a diagnostic and/or treatment reason from which the patient may have benefit, it is certainly justified to take the necessary radiographs.

Dental Hygiene Appeals

The Registration Committee reviews appeals from candidates who were unsuccessful in the dental hygiene licensing examinations. There was one case heard with the candidate being granted the opportunity to retake another supplemental examination.

Appreciation

During this past session of Council, the Registration Committee has been unusually active dealing with important issues that have resulted from changing times. Unquestionable integrity, fairness and equality have been the priorities of this Committee and it has been a pleasure working with the people who share these concerns. Thank you Dr. Dean, Mrs. Chubb, Mrs. Ferguson and Dr. Ellis.

Report of the Continuing Competence Committee

Chair: G. Nikiforuk

Committee Members: J.A. Ferguson, D. Hordo, G.E. Pitkin, T.G. White, W.J. Dunn (ex-officio)

This report summarizes the Continuing Competence Committee's activities during 1990 as they relate to the following major responsibilities:

1. The Committee shall develop, establish, and administer a continuing competence program for the purpose of maintaining and enhancing the competence and standards of practice of members and dental hygienists in the care of patients and the practice of dentistry and dental hygiene.
2. The Committee shall develop and establish the continuing education program of the College.
3. The Committee shall develop a set of guidelines for clinical practice in dentistry from the perspective of the general practitioner.

Proposal for Continuing Competence

Working principles and recommendations submitted by the Continuing Competence Committee were approved by Council at its last meeting held in April 1990. Subsequently, these principles were published in the August 1990 *Dispatch*, and submitted to the Ontario Dental Association and the Ontario Dental Hygienists' Association. The six major elements of the Continuing Competence program are summarized in **Appendix A**.

There has been minimal feedback from members of the College relative to these recommendations, except for the issue of mandatory continuing education.

The next step in this process is to have the new Committee on Continuing Competence tackle the task of fine-tuning the recommendations and developing mechanisms of implementing them from an administrative standpoint.



Dr. G. Nikiforuk (Chair)

Continuing Education Programs

The issue of mandatory continuing education has been debated at considerable length and the following recommendation represents a "flip-flop" from the Committee's original position.

Two factors were paramount in changing the position:

1. The profession is ready for a mandatory continuing education program.
2. The public's perception that an effective continuing competence program must include mandatory education. On the other side of the coin, there is no conclusive evidence that would link continuing competency with a mandatory continuing education program.

Council, at its meeting of November 1990, passed the recommendation contained on the following page.

Whereas it appears that the imposition of a mandatory continuing education program administered by the RCDS would benefit both the dental needs of the public of Ontario and the practice competency needs of the dental professionals in Ontario,

Therefore be it resolved

That Council support the concept of mandatory continuing education; and

That Council direct the Continuing Competence Committee to study the administration of such a program in the near future.

Members of the Committee suggested that future continuing education programs should encompass the areas of ethics. If possible, members of the profession should be required to participate in such programs.

A summary of the RCDS Continuing Education programs for 1990 are contained in **Appendix B**.

Guidelines for Clinical Practice (Quality Assurance) **Introductory Statement**

The past several decades have witnessed significant changes in the health care environment as they relate to reimbursement and payment incentives, practise settings, regulatory changes, public awareness and expectation, changing demographics of the population, and changing patterns of diseases. These changes have set in motion political, social and legal forces that have combined to rather abruptly supplement traditional professional autonomy in regulatory matters with mandatory explicit monitoring of the quality of care. This has first led to an implementation of quality care programs in hospitals where many of the current principles of quality assessment and quality assurance were developed and subsequently introduced to other health care jurisdictions.



Dr. T.G. White

It is unfair to assume, as is often stated, that the medical dental community has ignored the quality concept. Implicit quality care is an integral part of the practice of dentistry and medicine. What has been missing are valid scientific criteria with corroborating clinical evaluation of patient outcome that would more clearly define diagnostic procedures or treatments as clearly superior. As a result, there has been an unacceptable escalation of costs, a surprising variation in treatment and surgical procedures and an unacceptable amount of inappropriate (not necessary and at times harmful) care. Therefore, it is essential that the profession develop a set of practice standards that define quality in terms of superior effectiveness and appropriateness and thus lead to effective cost management and quality control.

Quality of care encompasses all the major components of providing and receiving dental services such as communication with patients, record keeping, diagnosis and treatment planning, and technical knowledge and skills. It is generally accepted that quality dental care refers to current reduction of health problems, effective treatment of each patient's condition with minimum possible risk, combined with an

educational, preventive approach that together enable the patient to attain optimum clinical, functional and psychosocial benefits.

Objectives

The overall purpose of quality assurance is to further improve oral health of the population of this province. To attain this there are two principle objectives of quality assurance:

1. To ensure that oral care is appropriate and necessary, and that the minimum standards are achieved.
2. To seek for improved standards of performance and delivery of care.

In order to meet these objectives, the RCDS has developed a standard of practice encompassing the following areas of general practice of clinical dentistry: preventive, restorative, paediatrics, orthodontics, periodontics, endodontics, prosthodontics, and oral and maxillofacial surgery.

The College's goal has been to demonstrate objective professional accountability by maintaining a high quality of care provided to the public. It is recognized that quality of care is affected by a variety of factors including environmental lifestyle, practice trends, economic benefits, and the attitude of the profession. It is evident, there is no single approach to quality assurance and evaluation of patient outcomes that will accommodate the diversity of practice settings and public needs. The College views this as an initial step in a process that will define effectiveness and appropriateness of oral care.

The Development of the Program

In order to expedite the development of these guidelines, a workshop was convened involving several practitioners most of whom are on the teaching staff of the Faculties of Dentistry. The goal of the workshop was to complete the first draft of the guidelines document relating to general practice.

The overall framework used during the workshop was the classic Donabedian model of Structure-Process-Outcome. These are not to be viewed as separate, but rather interrelated dimensions of quality of care. The results of this workshop will be discussed at the next meeting of Council in April 1991 and subsequently published.

The basic framework of a Continuing Competence and Quality Assurance program has been developed. It is recognized that this is only the first step in a continuing process of promoting an educational philosophy of continuous improvement over a lifetime. The administration and fine-tuning of these proposals will require much additional work and study that will tax the brightest and the best in our profession.

Appreciation

The Chair wishes to thank all members of the Committee for their assistance and open-mindedness in attempting to resolve a complex issue.

Special thanks are due to Mrs. Linda Strevens and Miss Julie Wilkin, who assisted immeasurably in the activities of the Committee.

Elements of Program	Mandatory or Voluntary	Preventive or Remedial	Some Administrative Guidelines
1. Critical Issues – practice alerts	mandatory	preventive	• on-going program requiring regular updating and monitoring by College • linked-up to quality assurance and practice guidelines.
2. Legally Enforceable Assessment	mandatory when necessary	preventive and remedial	• maybe phased-in as a mandatory program covering a significant number of practitioners over a 5-year period.
3. N.D.E.B Self-Learning Self-Assessment	voluntary	preventive	• a creative approach to continuing education.
4. Professional Evaluation and Assessment	mandatory and available on voluntary basis	remedial and preventive	• permits rehabilitation of practitioners judged incompetent by Complaints or Discipline process • may be used preventively; developed by McMaster University and the University of Toronto.
5. Comprehensive update in General Practice	voluntary	preventive and in selected cases may be remedial	• voluntary continuing education program developed by the University of Toronto.
6. Professional Outcomes Review	mandatory as determined by College and Registrar	remedial	• College to develop mechanism of assessing outcomes (how effective is the health care and how satisfied is the patient) • office practices are to be evaluated; practice procedures modified as necessary; corroboration that practices meet published standards.

Association / Society	Date	Speaker(s)	Topic
Porcupine Dental Society	Jan. 26, 1990	Dr. P. Sills	Removable Complete & Partial Dentures
Cornwall & District Dental Society	Jan. 26, 1990	Dr. L. Lenkinski	Advances in Obturation Techniques
Toronto North D.H. Association	Jan. 27, 1990	Dr. R. Brandon	Personal Stress Management
York Region Dental Society	Feb. 02, 1990	Dr. M. Suzuki	Current Development in Operative Dentistry
Niagara Peninsula Dental Society	Feb. 02, 1990	Dr. R. Brandon	Dental Practice Administration
Toronto Central D.H. Association	Feb. 03, 1990	Dr. V. Rausch	Hypnosis
Peterborough & District D.H. Assoc.	Feb. 09, 1990	Dr. D. Mock	Oral Medicine & Pathology Update
Nipissing Dental Hygienists' Assoc.	Feb. 10, 1990	Dr. R. Brandon	Personal Stress Management
Elgin & District Dental Society	Feb. 16, 1990	Dr. M. Suzuki	Development in Operative Dentistry
Kingston Dental Hygienists' Assoc.	Feb. 17, 1990	Dr. W. Fleming	Preventive Dentistry Update
Niagara Peninsula Dental Society	Feb. 23, 1990	Dr. D. McComb	Current Esthetic Restorative Material
Cornwall & District Dental Society	Mar. 09, 1990	Dr. E. Freeman	Periodontal Diseases
Peterborough & District Dental Society	Mar. 09, 1990	Ms. S. Feller	Work Group Effectiveness
Ottawa Dental Hygienists' Assoc.	Mar. 10, 1990	Dr. W. Barlow	Radiology Update
Sault Ste. Marie Dental Society	Mar. 16, 1990	Dr. D. Gratton	Crown & Bridge – An Overview
Sudbury & District D.H. Association	Mar. 17, 1990	Dr. W. Fleming	Preventive Dentistry Update
Halton-Peel D.H. Association	Mar. 24, 1990	Dr. R. Brandon	Personal Stress Management
Wingham & District Dental Society	Apr. 04, 1990	Dr. K. Hunter	Endodontics – Diagnostic Aids, Obturation
Waterloo/Wellington D.H. Assoc.	Apr. 06, 1990	Ms. S. Pritzel	An Update on Products & Techniques
Niagara Region D.H. Association	Apr. 07, 1990	Dr. J. Natiella	Practical Pathology
Stratford & District Dental Society	Apr. 21, 1990	Dr. E. Freeman	Periodontal Diseases
Northwestern Ontario D.H. Society	Apr. 21, 1990	Dr. J. Thibault	Periodontics for the 90's
Bay of Quinte D.H. Association	Apr. 28, 1990	Dr. G. Baker	Osseointegrated Implants
Kirkland Lake & District Dental Soc.	May 25, 1990	Dr. D. Haas	Pharmacology Update
Porcupine Dental Society	June 22, 1990	Dr. A. Chapnick	Endodontic Update for the 90's
Elgin Dental Society	Sept. 28, 1990	Dr. G. Wysocki	Common Oral Diseases
	Sept. 29, 1990	Dr. T. Daley	
Huron-Grey-Bruce D.H. Assoc.	Oct. 13, 1990	Dr. D. Mock	Oral Medicine & Pathology
Algoma D.H. Association	Oct. 20, 1990	Dr. J. Thibault	Periodontics for the Dental Hygienist
Thunder Bay D.H. Association	Oct. 20, 1990	Dr. R. Boyer	Management of Medical Emergencies
Owen Sound & District Dental Soc.	Oct. 26, 1990	Dr. K. Morley	Management of the Paediatric Patient
Ottawa Dental Hygienists' Assoc.	Nov. 03, 1990	Dr. S. Small	Emergency Essentials
Toronto Central D.H. Association	Nov. 03, 1990	Dr. W. Barlow	Forensic Dentistry
Niagara Regional D.H. Association	Nov. 03, 1990	Dr. L. Yanover	Infection Control
Wingham & District Dental Society	Nov. 07, 1990	Dr. V. Rausch	Hypnosis
York Region Dental Society	Nov. 08, 1990	Dr. W. Barlow	Radiology
Northwestern Ontario D.H. Assoc.	Nov. 09, 1990	Dr. Lightman	Geriatric Dentistry
		Dr. MacKay	
Kenora/Rainy River Dental Society	Nov. 10, 1990	Dr. D. Smith	Fixed Prosthodontics
Halton-Peel D.H. Association	Nov. 10, 1990	Dr. D. Mock	Oral Medicine & Pathology
Sault Ste. Marie Dental Society	Nov. 16, 1990	Dr. W. Frydman	Common Surgical Complications
Cornwall & District Dental Society	Nov. 30, 1990	Dr. D. Gratton	Crown & Bridge
Kirkland Lake & District Dental Soc.	Dec. 07, 1990	Dr. Lightman	Geriatric Dentistry
		Dr. MacKay	

Report of the Dental Hygiene Matters Committee

Chair: L.L. Mickelson

**Committee Members: Z.M. Dossett, J.A. Ferguson,
T.G. White, W.J. Dunn (ex-officio)**

The Dental Hygiene Matters Committee (DHMC) is a non-statutory standing committee with no jurisdiction granted from the *Health Disciplines Act*. The DHMC was established by Council resolution in 1986.

Most dental hygiene issues are considered by the DHMC although matters may be discussed at other committees. All major issues and/or policy changes must be ratified by Council where the two dental hygiene official observers may verbally participate but, cannot vote.

Special Levy Administered to Dental Hygienists for the College of Dental Hygienists (CDH)

In 1987 The Task Force on Dental Hygiene Transition recommended and Council approved that an additional amount be levied to the existing dental hygiene annual licence fee and that the funds from this special levy be invested in a trust fund for the future College of Dental Hygienists.

A key government policy underlying the creation of new governing bodies is that such self-regulating organizations need to be financially self-sufficient within a reasonable period of time. By assessing this special levy, the College has established an acceptable means to provide appropriate and necessary assistance in the transfer of governance to dental hygienists.

In order to establish the fund, Council petitioned the provincial government for a change to the appropriate regulation under the *Health Disciplines Act* to increase the licence fee for dental hygienists by \$40 per member for the years 1989 and 1990.

Since the special levy portion of the dental hygiene licence fee was only in effect until the end of 1990, the DHMC recommended to Council, and Council approved that the levy be continued for 1991.



Ms. L.L. Mickelson (Chair)

Level II Dental Assistants

As a result of dentists' views in general, and particularly that of orthodontists, concerning the perceived shortage of dental hygienists in Ontario, the Committee received from the Ontario Association of Orthodontists a presentation and position paper on "auxiliary" utilization in the orthodontic practice.

In considering the matter, members of the DHMC focused on the public's interest and expectations, not only with respect to education, costs, and skill, but also with respect to the knowledge and understanding of asepsis, sterilization, disease transmission, etc.

In its discussions, the Committee concluded that the current Ontario certified dental assistant did not possess sufficient skills and educational background to perform the proposed orthodontic duties.

After due consideration, the Committee agreed to recommend the following statement of principle to Council found on the next page.

Whereas the Health Professions Legislation Review's recommendations have not been acted on by the legislature; and

Whereas orthodontic procedures are defined as a licensed act of dental hygienists in the recommendations; and

Whereas it is recognized that other jurisdictions accept level II dental assistants and dental hygienists as qualified auxiliaries to perform orthodontic duties;

Be it resolved

That as well as dental hygienists and subject to the legislation being enacted that dental assistants (certified level II), and presently listed preventive dental assistants, be permitted to provide orthodontic services upon successful completion of an approved orthodontic module.

Considerable debate ensued at Council. The orthodontists on Council stated that the orthodontic modules taught in the dental hygiene program were minimal and largely theoretical in nature. Also, that the educational institutions cannot provide the patients required for clinical training; therefore, the practical training of dental hygienists in orthodontics to some degree, takes place in dental offices. The dental hygienists attending the Council meeting pointed out that practising dentists are not educators and to have dental assistants without **any** educational background in orthodontic functions, would not be in the public interest.

The dental hygiene official observers on Council referred to the fact that graduate dental hygienists have digital dexterity and a knowledge base that dental assistants may not necessarily have.

The resolution passed. This will eventually be proposed to government in regulatory form when the regulations generated by the new legislation are considered.

Dental Health Curriculum at Community Colleges

The Ontario Dental Nurses and Assistants' Association (ODN & AA) requested and was granted the privilege of representation at the April and November meetings of Council to address dental assisting issues.

The ODN & AA continues to hold ongoing discussions with the Ontario Dental Association (ODA) and the Ministry of Colleges and Universities (MCU) concerning the re-introduction of the preventive dental assistant program. The ODN & AA does not support the College's position of a direct-entry dental hygiene program.

The DHMC supports the concept of a qualified intraoral (level II) dental assistant provided dental hygiene becomes a separate direct-entry program. The DHMC has advised MCU of this support. The College has been informed by MCU that until the *Health Professions Regulation Act* (HPRA) is enacted, no major curriculum revisions will occur to either the dental assisting or dental hygiene programs.

A Notice of Motion had been put forward by a Council member regarding additional intraoral duties for non-certified/certifiable dental assistants. Mrs. Zita Dossett, the public member on the DHMC chaired a sub-committee to study this Notice of Motion. This appointment was to avoid any bias that might occur from the perceived self-interest of the DHMC Chair.

As a result of Council's protracted discussions on dental assistants during Council meetings, it was decided that future considerations and recommendations respecting any and all matters affecting dental assistants be conducted within the jurisdiction of the General Purpose Committee.

Human Resources

The 1990-1991 dental hygiene enrollment at the Colleges of Applied Arts and Technology increased by 41 positions.

In 1987, the DHMC advised that the information gathering process on the dental hygiene licence renewal form be changed so that the statistical data obtained from the renewal forms of the dentists and dental hygienists could be correlated to provide accurate information about the distribution and patterns in various geographical locations in the province.

This mechanism for assessment and comparison of the dispersion of dentists and dental hygienists was judged to be inadequate.

At the April 26, 27, 1990 meeting of Council, the General Purpose Committee was directed to carry out a survey to assess the employment need for dental hygienists in Ontario. To date, the results of the survey have not been published. In November 1990, an additional \$5,000 was allocated to that Committee for the purpose of conducting a separate survey regarding employment needs of dental assistants and preventive dental assistants.

Cambrian College of Applied Arts and Technology – Suspension of the Dental Hygiene Program

Cambrian College of Applied Arts and Technology received a \$150,000 grant from the Ontario Ministry of Northern Mines and Development which enabled the English dental hygiene program to continue. Dentists in the community provided financial assistance by donating their time as clinical demonstrators as well as providing additional funds to the program. With an increase in class size from 18 - 25, additional funds will be available from MCU.

The Registrar of the RCDS conveyed to the President of the Sudbury and District Dental Society, Council's appreciation for the significant assistance provided by members of the local dental society for the efforts made in maintaining the English dental hygiene program at Cambrian College.

Licensing Examinations

The Committee reviewed the expenditures incurred over the 1989 dental hygiene licensing examination period. Based on the cost analysis, it was decided that in 1991 the dental hygiene licensing examination fee would be increased by \$25 per candidate from \$250 to \$275.

The Committee appreciates the quality of the submissions received from the Chief Examiners reporting on the examination results and procedures.

Mrs. Strevens is also to be commended for providing a smooth examination environment and process for students, staff, and examiners.

Dental Hygiene National Certification Examination

Discussion concerning the Canadian Dental Hygienists' Association's proposal for a Dental Hygiene National Certification Examination resulted in the College not endorsing the national examination, as this will be an issue that the new College of Dental Hygienists will address.

Statistical Analysis – 1990 Out-of-Province Dental Hygiene Licensing Examinations

A breakdown of the schools of graduation for candidates sitting the out-of-province licensing examinations was provided to members of Council. It was interesting to note that of the 77 candidates sitting the examinations, 49 of the candidates completed their education in the United States and yet were residents of Ontario.

George Brown College Expanded Duty Dental Hygiene Program – RCDS On-Site Visit

Guidelines for the on-site visit were revised and circulated to the visitation team members and the appropriate representatives at George Brown College for input prior to final approval by the DHMC.

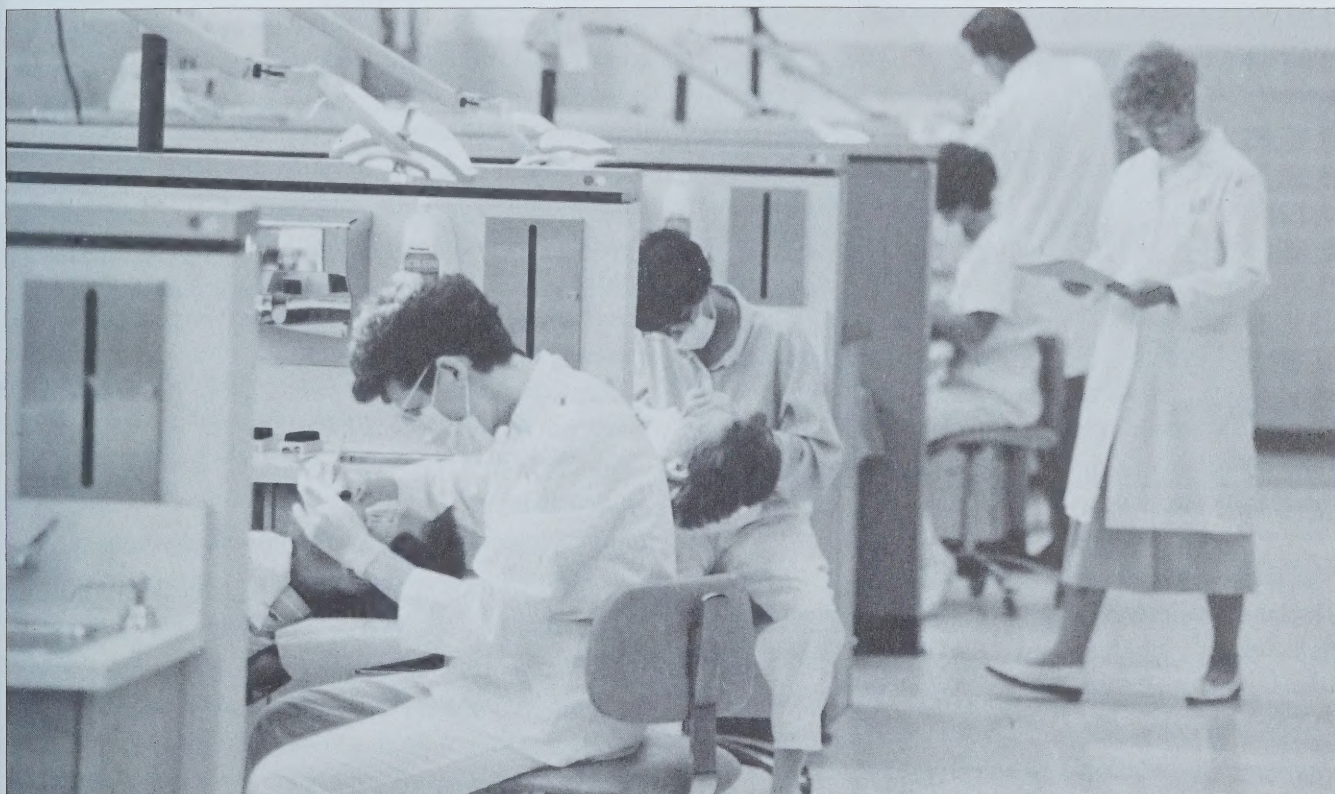
The RCDS on-site visit of the George Brown College Expanded Duty Dental Hygiene Program occurred on Tuesday, February 13, 1990.

The 1990 visitation team consisted of:

- a) one dentist member of the previous team, Dr. D. McComb,
- b) one expanded duty dental hygienist, Mr. J. Sadler,
- c) the dentist from the original dental hygiene on-site visit pilot project, Dr. G. Browes.

The 1990 visit was productive and mutually satisfactory for all parties with the recommendations of the visiting team being well received.

The team members agreed unanimously that the educational process and clinical experience provided to the expanded duty dental hygiene students at George Brown College ensured that the graduates had the opportunity to achieve a level of competency consistent with the requirement to



Dental hygiene licensing examination session.

receive written approval to perform the additional acts specified in section 50(2) of Regulation 447 under the *Health Disciplines Act*.

As directed and authorized by Council at the November 1989 meeting, the DHMC reviewed all of the documentation provided by the on-site visitation team and was satisfied that the on-site visit, revised guidelines, and recommendations were met and implemented.

The DHMC concurred with the on-site visitation team members that the traditional qualifying examination for the graduates of the 1990 expanded duty dental hygiene program be **waived**.

Review and Assessment of Qualifications

The Committee reviews qualifications of individuals who are graduates of non-accredited dental hygiene programs. Often this requires assessment of reciprocity agreements and translation of documents. Once the documentation is

thoroughly reviewed by the Committee and is validated, the request for eligibility to sit the dental hygiene licensing examination is granted.

Infection Control

The Committee discussed possible mechanisms of informing the dental hygiene and assisting professions of proper infection control measures. Dr. Stein, Deputy-Registrar of the College, is assisting in raising the professions' awareness of their ethical and moral obligations by providing seminars on infection control topics to local societies.

Dental Hygiene Tuition Fees

As directed by Council, the Chair wrote to the Minister of Colleges and Universities requesting that the tuition fee for dental hygiene students reflect actual program costs and income levels of graduates. The Chair also suggested that a "clinic user" fee be applied. Universality of tuition fees is a policy of MCU that in all likelihood will not be revised.

Continuing Education Programs

The members suggested that the dental hygiene component societies be encouraged to take advantage of the RCDS continuing education programs. The current RCDS speakers list for dental and dental hygiene continuing education programs is being revised and will be forwarded to societies during June, 1991.

Transitional Councils / New Colleges

The DHMC met with Ms. Bogna Andersson, Co-ordinator, Health Professions Legislation Projects. Her responsibility is to establish the parameters for the Transitional Councils of the seven newly-to-be regulated professions. She advised the members of the slow progress of the task.

The Task Force on Dental Hygiene Regulation

The Task Force on Dental Hygiene Regulation established by Council is a sub-committee of the DHMC. This sub-committee is comprised of representatives from both the RCDS and ODHA.

The "Task Force" identifies potential changes for the regulation of dental hygienists in anticipation of the enactment of the new *Health Professions Regulation Act* (Bill 178, and specific to Dental Hygiene, Bill 182).

Meetings have dealt with principles related to the proposed Transitional Council relevant to funding, composition, and responsibilities.

Members discussed and outlined concepts related to the regulation that will be specific to Bill 182, the *Dental Hygiene Act*.

Conclusion

The *Health Professions Regulation Act*, Bill 178, and the *Dental Hygiene Act*, Bill 182, had first reading, on June 6, 1990.

However, the announcement of the fall election and the rising of the Legislature, meant that the proposed legislation died on the Order Paper. It is anticipated that the Bill will be tabled in the spring 1991 Legislature. This legislation is of great importance to dental hygienists, for the College of Dental Hygienists of Ontario will be a self-regulating body for dental hygienists incorporated under the *Health Professions Regulation Act*.

The purpose will be to ensure that the public receives safe, effective and ethical dental hygiene care. This will be achieved by:

- a) promoting and contributing to public policy related to dental hygiene practice in the interest of public welfare,
- b) establishing, communicating, promoting, and maintaining standards of dental hygiene practice and professional conduct,
- c) registering practitioners, monitoring their competence, and enforcing the standards equitably,
- d) promoting an environment which allows registrants to practice in accordance with the standards.

Appreciation

As Chair, I wish to extend "thanks" to several people.

Mrs. Jackie Ferguson has served the people of Ontario through The Royal College of Dental Surgeons of Ontario for many years. She spent tireless hours in preparing and implementing the "On-Site Visit Pilot Project" process with Dr. G. Browes and Mrs. L. Strevens. She has made a valuable contribution to Committees and Council in the past two years as the dental hygiene official observer elected from Metropolitan Toronto and York Region.

Each Committee member brings particular talent. Their contribution of talents and time is appreciated. Members' sense of humour sustained through many "thorny" issues enabled satisfactory resolutions.

Mrs. Linda Strevens' knowledge, understanding, organization, and excellence in resource preparation is an ongoing blessing.

Miss Julie Wilkin's work in recording, preparing, and circulating minutes and information relevant to this Committee is gratefully acknowledged.

Report of the Finance and Property Committee

Chair: J.E. Stakiw

Committee Members: J.A. Ferguson, E. Luks, R.G. Redgrave, T.G. White, W.J. Dunn (ex-officio)

Finance

The Committee met to set an interim budget to be considered by Council at its April 1990 meeting with the final budget (as appended) receiving approval at the November 1990 Council meeting.

Other matters dealt with by the Committee included:

1. Establishing guidelines for contracting with outside suppliers of goods and services for review and approval by Council.
2. Recommending to Council that the pension plan for employees be updated to allow the option to elect a defined benefit formula, money purchase formula or a hybrid formula.
3. A review of computer systems for the day-to-day operations of the College with a recommendation and approval by Council that the present system be upgraded over a 3-year period to include hardware, software applications and computer programing at a cost of \$80,000.

Property

The RCDS purchased the former ODA building at 234 St. George Street, thinking that, if it chose to do so, these contiguous properties could be developed to include, as tenants or partners, other health professional organizations. Following the decision of not becoming involved in the health professions college venture, Council at its meeting in November 1990 resolved to defer a decision with respect to the properties until the spring 1991 Council meeting. Further discussions and investigation of options were to be considered by a small working group within the College.



Dr. J.E. Stakiw (Chair)

In early December, a property at 6 Crescent Road, Toronto became available for purchase and, after considerable investigation by the Registrar, Director Administrative Services, legal counsel and the polling of Council members for their support of the purchase, the Finance and Property Committee unanimously approved a recommendation to the Executive Committee to proceed with negotiations to purchase the property. The Executive Committee unanimously approved a motion to proceed with an offer to purchase 6 Crescent Road.

The property was purchased on December 31, 1990 on the following terms:

Price: \$4.5 million.

Payment: \$150,000 with offer, and balance to 25% down payment with 75% open three-year mortgage at 11.5%.

Interior: All leasehold improvements, drapes and fine office furnishings on the 4th and 5th floors were included in the purchase price. Some renovations will be required such as providing for a larger Council Chamber should meetings of Council become public.

Sub-lease: The Vendor of the property will sublease the second and third floors for 18 months.



Mr. R.G. Redgrave

G.S.T: \$315,000 in Goods & Services Tax was saved by the timely action of the College.

There is potential to share the existing net space of 28,000 sq.ft. with other health professional organizations.

Interest has been expressed by a number of parties regarding purchase of the properties at 230 and 234 St. George Street. The Finance and Property Committee will be dealing with this matter early in 1991 with a recommendation to Council regarding these properties.

Appreciation

As Chair, I would like to thank the members of the Finance and Property Committee for their hard work and important contributions to the matters before the committee over the two-year period of this Council. A special thank you to Dr. R. Ellis (Registrar), Mr. D. Carruthers (Director Administrative Services), and Mr. A. Bromstein (legal counsel) for their valuable input and to Ms. Julie Wilkin for recording and preparing minutes.

Details of Building Fund Budget for 1991

Income

From 1991 special levy @ \$55 per dentist*	\$321,800
--	-----------

Expenses

Cost of purchase of property at 234 St. George Street less deposit	\$2,400,000	
Deduct - net projected funds available after covering 1990 costs	(379,200)	
	2,020,800	
Add - architect's fees	295,200	
	2,316,000	
Financing @ 11%		254,800
Non-recurring costs:		
Legal fees	40,000	
Moving/installation	10,000	
Part-time project co-ordinator	36,000	
GST	3,500	
		89,500
		344,300
Deficit to be covered by General Fund (if necessary)		(22,500)

* originally budgeted @ \$60 per dentist

Final 1991 Budget – General Fund

Income		Actual 1989	Budget 1990	Budget 1991
A	Fees & Reg. - Dentists	\$ 5,261,694	5,766,000	6,240,200
	Less PLP Premium	(3,318,721)	(3,534,000)	(3,627,000)
	Less New Building Portion	–	(228,000)	(321,800)
		1,942,973	2,004,000	2,291,400
B	Fees & Reg. - Hygienists	542,090	596,750	657,000
	Less College Fund	(141,240)	(152,000)	(160,000)
C	Dental Hygienists Exams & Assessment Fees	90,947	75,000	80,000
D	Interest	194,388	100,000	200,000
E	Sundry	18,218	15,000	20,000
F	Admin. Charge - PLP	320,000	329,668	447,400
		2,967,376	2,968,418	3,535,800
Expenses				
G	Salaries & Benefits	1,082,907	1,271,255	1,439,200
H	Postage & Courier	108,549	136,500	128,500
I	Print. Stat. & Supp.	153,194	155,000	165,000
J	Telephone	21,788	25,000	25,000
K	Equipment	93,117	100,000	115,000
L	Property	94,832	81,300	85,400
M	Staff Travel & Training	58,249	70,000	75,000
N	Examinations Hygienists	104,067	100,000	115,000
O	Council Fees	260,681	290,000	301,600
P	Cont. Education	49,044	90,000	75,000
Q	Professional Fees:			
	Legal	292,203	280,000	300,000
	Audit	11,000	11,000	15,000
	Consult.	64,524	20,000	35,000
R	Witness & Court Rep. Fees	8,766	10,000	10,000
S	Council Insurance	3,004	3,500	3,500
T	Council & Comm. Exp.	91,548	100,000	106,400
U	Grants	63,890	115,200	115,200
V	Admin. Expenses	72,412	25,000	121,500
W	Contingency Fund	–	50,000	50,000
X	Building - 234 St. George	44,852	–	98,100
		2,678,627	2,933,755	3,379,400
Surplus or (Deficit)		\$ 288,749	34,663	156,400

Details of General Fund Budget for 1991

Income

A	Dentists 5,850 @ \$1,065.00	\$6,230,200
	Dentists Registration 100 @ \$100	10,000
	Less portion to P.L.P.	(3,627,000)
	Less New Building Portion	(321,800)
		2,291,400
B	Hygienists 4,000 @ \$163.00	\$652,000
	Hygiene Registration 200 @ \$25	5,000
	Less Set-up Portion @ \$40	
	(College of Dental Hygienists)	(160,000)
		497,000
C	Examination Fees	80,000
	Income from Dental Hygiene Exams	
D	Interest	200,000
	Estimated cash reserves @ 11%	
E	Sundry	20,000
F	Professional Liability Program	447,400
	Administrative Charge	
	Details:	
	Salaries & Benefits	\$299,100
	Rent	37,500
	Telephone	8,000
	Mail/Cour.Print./Supplies	21,300
	Furniture & Equipment	15,000
	Facsimile	5,500
	Professional Fees	36,000
	Travel	7,000
	GST	18,000
		\$3,535,800

Expenses

G	Staff Salaries and Benefits	\$1,439,200
	This represents an increase of 6% plus two additional staff for 1991. Some increase in benefits expense.	
H	Postage & Courier	128,500
	Do not anticipate additional mailings	
I	Printing, Stationery & Supplies	165,000
	Slight increase in costs (inflation)	

J	Telephone	25,000
	Some additional equipment due to increase in staff	
K	Equipment	115,000
	Budget same as prior year.	
	Includes computer system improvements, electronic label affixer and printer and \$5,000 for additional systems development for Complaints.	
L	Property	85,400
	No major renovations scheduled for payment out of General Fund	
M	Staff Travel & Training	75,000
	Increased travel allowance primarily for PLP	
N	Examinations	115,000
	Cost of administering Dental Hygiene examinations.	
O	Council Fees	301,600
P	Continuing Education & Competence	75,000
	Reduced provision (fewer programs being held by Societies)	
Q	Professional Fees	350,000
	Legal	300,000
	Audit	15,000
	Consultants	35,000
R	Witness & Court Reporter Fees	\$ 10,000
S	Council Insurance	3,500
T	Council & Committee Expenses	106,400
U	Grants	115,200
	This includes \$20 per member for C.D.A. (same as prior year)	
V	Administrative Expense	121,500
	This includes G.S.T. on certain expenses. Also, \$5,000 for a survey for Dental Assistants.	
W	Contingency Provision	50,000
X	Building Project	98,100
	Estimated operating costs for 234 St. George St. - General Fund expense	

Property Breakdown

	Actual 1989	Budget 1990	Budget 1991
Caretaking	\$ 8,450	9,050	14,000
Insurance	5,488	5,500	6,000
Taxes	17,291	17,500	20,000
Renovations	–	9,650	10,000
Utilities	12,529	11,270	14,000
Laundry	434	480	800
Window Cleaning	1,000	850	1,000
Gardening	740	850	1,000
Snow Removal	644	800	1,000
Fire Extinguishers	854	–	1,000
Cleaning Supplies	3,718	3,000	4,000
Maintenance & Repairs	9,840	12,350	12,600
Rent - PLP	33,844	10,000	–
Sub Total	94,832	81,300	85,400
Expense - 234 St. George	44,852	–	98,100
Total	139,684	81,300	183,500

Grants

Can. Dental Assoc.	54,890	106,200	106,200
Can. Fund - Dent. Educ.	1,000	1,000	1,000
U. of T.:			
RCDS Scholsp. Sc.	500	500	500
Wilmott Scholsp.	750	750	750
Dean's Discret Fd.	750	750	750
Faculty Conting.	1,000	1,000	1,000
Dental Research.	1,000	1,000	1,000
U.W.O.:			
RCDS Award in Sci.	500	500	500
RCDS Scholarship	750	750	750
Dean's Discret. Fd.	750	750	750
Fac. Contingency	1,000	1,000	1,000
Fac. Dent. Res.	1,000	1,000	1,000
	63,890	115,200	115,200

Chair: R.T. Lang

Committee Members: D. Hordo, J.A. Ferguson, G. Nikiforuk, W.J. Dunn (ex-officio)

Dental Hygiene Manpower Survey

At the April 26-27, 1990 meeting of Council, the General Purpose Committee was charged with the task of conducting a survey to determine the employment need for dental hygienists in Ontario. The survey was designed and conducted by the Statistical Consulting Service of the Department of Statistics of the University of Toronto.

The questionnaire was mailed to the 5800 dentists in Ontario and 2942 surveys were returned, representing a 51% return rate. The results of the survey are presently being tabulated and will be published at a later date.

The Committee felt it would be beneficial to conduct a similar but separate manpower survey respecting dental assisting including level I, level II, and preventive dental assistants. The Committee's recommendation to this effect was adopted by Council at the November, 1990 Council meeting. Accordingly, this survey will be conducted during 1991.

Radiology Guidelines

The Committee reviewed several submissions from dentists involved in the teaching and practice of dental radiology. In addition, information received from organizations such as the American Dental Association and the Canadian Dental Association was reviewed. After reviewing the materials, the Committee concluded that there is a considerable body of information available to the profession at the present time respecting the indications for various types of radiographs and the frequency with which these radiographs should be taken.

Furthermore, the Committee recognized that this is an area of dental practice which appears to be in transition with fewer radiographs being taken for routine diagnostic purposes than was formerly the standard of practice.

Given the above, the consensus of the Committee was that, although some general direction to the profession may be appropriate in the form of a *Dispatch* article, there was no pressing need to establish "official" R.C.D.S. Guidelines respecting the taking of radiographs at the present time.



Dr. R.T. Lang (Chair)

A suitable article was composed by Dr. M.J. Pharoah, Head of the Department of Radiology, Faculty of Dentistry, University of Toronto and published in the December, 1990 issue of *Dispatch*.

Royal College of Dentists of Canada (RCDC) Requirements for Radiographs

At their September 20, 1990 meeting, the members of the General Purpose Committee discussed the subject of the Royal College of Dentists of Canada's requirements for certain radiographs for strictly administrative purposes as a requisite for RCDC fellowship examinations for orthodontists. Guidelines published by the American Dental Association and the Canadian Dental Association suggest that the taking of radiographs strictly for administrative purposes is not in the best interests of patients and should definitely not be condoned.

It was resolved that a recommendation would be made to Council that this position be affirmed as a matter of RCDS policy and that a further recommendation be made that the President write to the Royal College of Dentists of Canada stating the policy of the RCDS in this regard.

Appreciation

To the members of the Committee, the Chair expresses his gratitude for their efforts on behalf of the College, and also to Dr. James Gillespie for his guidance.

Chair: R.M. Beyers

**Committee Members: G.P. Citrome, J.A. Ferguson,
M. Harding, R.T. Lang, W.J. Dunn (ex-officio)**

The by-laws of The Royal College of Dental Surgeons of Ontario ascribe to the Legal and Legislation Committee responsibilities that include studying, reviewing and reporting on matters having legal, legislative, or regulatory significance for the practice of dentistry in Ontario and for the governance of the College and its members. These matters originate from many sources including the Council itself or the Committees of the Council as well as the government, other regulatory bodies, or interested groups or individuals in the community.

Annual Fee

A regulation change in the due date for the annual membership fee was proposed and approved by Council. The due date is advanced from December 31st to December 15th of the year preceding the one for which the fee is due. The purpose is to facilitate the administration of over 5000 renewals during the holiday season.

New graduates, new registrants, and the Ontario Dental Association have asked the College to consider a pro-rated fee for initial registrants who apply for a licence part-way through the year. After a detailed review by the Committee, it recommended no change to the current status, namely, that there be one annual fee for all members holding general licences regardless of the issuing date. The Council, after receiving similar recommendations from two other Committees, approved this position.

Circulation of Proposed Regulation Changes to Members

A tradition of many years has been in place by which the College circulated all proposed regulation changes to the members at the same time as they were submitted to government. During the 1989-1990 Council, two matters (a regulation to prohibit the acceptance of assignment, and a regulation to permit the employment of dentists by community health associations) received sufficient reaction from the members and their Societies that the Council reconsidered its position in each case.



Dr. R.M. Beyers (Chair)

As an outcome of these deliberations, a new policy respecting the circulation of proposed regulations was approved by Council. In matters of urgency, or simple housekeeping, following the approval of Council, the proposed regulation changes will be forwarded to the Ministry of Health and circulated to the members at the same time. Otherwise, approved regulation changes will be circulated to the members and other interested groups for response. An appropriate committee will review the responses and report to Council at its next meeting. If the outcome of this process is still a proposed regulation change, it will be forwarded to the Ministry of Health for consideration.

Advertising

On June 21, 1990, the Supreme Court of Canada struck down section 37(39) of Ontario Regulation 447 under the *Health Disciplines Act*. This was on the basis that the section violated a member's freedom of expression. However, Madame Justice Beverley McLachlin, who wrote the unanimous judgment, stated that there were a number of reasons to regulate the advertising of professionals. She further stated that it would not be impossible to draft regulations which prohibit advertising which is misleading, unverifiable, and unprofessional, while permitting advertising which serves as a legitimate purpose in providing the public with relevant information to the practice of dentistry.

Therefore, in addition to the guidelines on advertising, a new regulation was drafted, approved by Council, and circulated to the members.

Practice Breakup

During practice breakups (partnerships or principal/associate contracts), the dissemination of information to patients would be of benefit in regulation form. The following regulation has received preliminary approval by Council (at time of writing), and recently has been circulated to members and interested parties for comments.

That regulation 447 of the revised regulations of Ontario, 1980, as amended, be further amended by adding the following:

37A (1) For the purpose of this section, an "associated member" is a member who engages in the practice of dentistry within the practice of another member whether as an employee, associate or independent contractor, and a "principal member" is a member in whose practice the associated member practises.

(2) When an associated member ceases to engage in the practice of dentistry in association with a principal member, the principal member, provided that he/she had or could have reasonably obtained this information, shall advise all patients who request such information of the new business address and telephone number of the said former associated member in order to assist the patient in obtaining dental services from the member of his/her choice.

(3) Where two or more members cease to engage in the practice of dentistry together, whether in partnership or otherwise, each member, provided that he/she had or could have reasonably obtained this information, shall advise all patients who request such information of the new business address and telephone number of the other member in order to assist the patient in obtaining dental services from the member of his/her choice.

(4) Unless there is an agreement to the contrary, an associated member shall not solicit or cause or contribute to the solicitation of the principal member's patients.

(5) Subsection (4) hereof shall not be interpreted to prevent a member from forwarding an announcement announcing the commencement or change of geographical



Dr. K.F. Pownall (Registrar)

location of that member's practice to persons treated by that member whether or not that member were an associated member at the time of treatment, provided that the announcement only contains information which would be reasonably required by the patient to determine the location and nature of the member's practice.

Conclusion

The Legal and Legislation Committee continues to review and maintain a watching brief on the *Health Professions Regulation Act* (HPRA) and the many parallel legislative acts which impact upon the provision of dental care and services to the public of Ontario. During 1991 the Committee will continue to review all of the proposed regulation changes which currently reside with the Ministry of Health awaiting the completion of the HPRA review.

Appreciation

The Chair acknowledges and thanks all of the Committee members for their hard work. Dr. Wes Dunn, in particular, who, as well as serving as our President during the past two years, has contributed many hours of effort to the work of the Legal and Legislation Committee. In deference to his career as a teacher he should be awarded an "A" for the avowed and avid application of his avocation, an a[d]vocat[e]. He provided the "grist for the mill" and never told us what to think, but what to think about.

Report of the Professional Liability Program Committee

Chair: G.C. White

**Committee Members: L.L. Mickelson, G.E. Pitkin,
R.G. Redgrave, W.J. Dunn (ex-officio)**

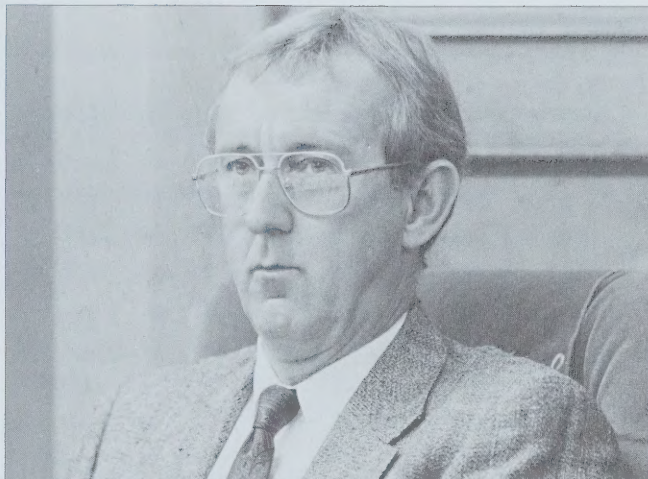
As usual, this report presents for your consideration several tables concerning the claims experience of the program since its inception in 1973. Please note that 63.57% of closed files have involved neither claims payments nor defence costs, an increase of 1.74% over the last year. This would appear to reflect both a continued high level of claims handling expertise and the continued willingness of members to report potential claims at an early stage.

Because of a proposed premium increase by the underwriter, the Professional Liability Program went to the insurance market in the fall of 1990 and reached an agreement with Reliance Insurance for 1991. Although the Professional Liability portion of the annual membership fee remains unchanged at \$620 per member, the liability limit per occurrence has doubled to \$2,000,000. The net effect is that the insurance coverage of each member has been doubled at no increase in cost.

It was the view of the Committee that the increase of insurance coverage was appropriate, given the increasing frequency of claims in excess of \$1,000,000. Thirty-four such claims have been made since the Professional Liability Program commenced operation in 1973. In the first eleven years of the Program, five such claims were made. In the last seven years, twenty nine such claims were made. Although none of these claims have yet been settled for a figure in excess of \$1,000,000, the likelihood of such a result increases with the number of claims made in excess of \$1,000,000.

As a result of the decision to change underwriters, all members of the College were advised to report all potential claims prior to the expiry of the previous policy. Over two hundred potential claims were reported in December, making 1990 the busiest year in the program's history.

A further benefit of the change in underwriters was a significant reduction in the premiums charged for excess insurance over and above the \$2,000,000 mandatory coverage. As far as is known at the time of writing, the excess insurance through the RCDS is the least expensive available in Ontario.



Dr. G.C. White (Chair)

1990 also marked a major change in the personnel of the program, with the retirement of Dr. Edward J. Fox on December 31, 1990, after sixteen years of service with the College. The excellent record of the Professional Liability Program to date has largely been a reflection of Dr. Fox's dedication, expertise and hard work over many, many years. The College, the profession and the public owe Dr. Fox a debt of gratitude for his service and for the present outstanding level of protection afforded both to the profession and to the public by the Professional Liability Program. I also wish to add my personal thanks to Dr. Fox for his invaluable and tireless assistance during my tenure as Chair of the Professional Liability Committee Program Committee.

Dr. Fox is succeeded by James M. MacMillan, B.A., LL.B., as Administrator of the Program and on a part-time basis, Dr. Deena Lennon, B.D.S., M.B.A., as Dental Consultant. I welcome Mr. MacMillan and Dr. Lennon to the Program and wish them the best of success in the future.

The Secondary Cause by Year table attached to this report will be of interest to members of the profession. The frequency of claims involving poor communication, lack of informed consent or inadequate records is of particular concern.

Appreciation

I would like to thank the members of the Committee and the staff for their invaluable assistance in discharging the responsibilities of administering such an excellent Professional Liability Program to the dentists of Ontario.

Claims Experience – January 1991

Closed Files		From 1973															Total	
		To 1977	78	79	80	81	82	83	84	85	86	87	88	89	90			
Claims Payment	\$0	142	49	61	41	60	73	63	225	159	168	191	191	207	70	1,700	63.57%	
\$	1 – 1,000	61	19	25	31	24	20	15	14	20	19	17	1	4	0	270	10.09%	
	1,001 – 5,000	52	21	22	20	28	31	36	40	32	38	39	20	22	10	411	15.37%	
	5,001 – 10,000	11	8	4	2	15	12	15	14	15	25	11	15	4	0	151	5.64%	
	10,001 – 15,000	8	4	1	5	5	7	5	4	3	6	5	1	1	1	56	2.09%	
	15,001 – 25,000	4	1	3	1	4	4	5	6	5	6	3	2	1	0	45	1.68%	
	25,001 – 50,000	1	0	3	1	2	4	3	7	1	2	3	0	0	0	27	1.00%	
	50,001 – 100,000	3	0	0	2	1	1	0	1	2	1	1	0	0	0	12	.44%	
	100,001 – 1,000,000	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2	.07%	
Closed Cases		283	102	119	103	139	152	143	311	237	265	270	230	239	81	2,674	100.00%	
Outstanding Cases		0	0	0	1	1	2	4	10	13	26	68	50	133	469	777		
Total Claims		283	102	119	104	140	154	147	321	250	291	338	280	372	550	3,451		

Resume of Closed Files

63.57% were closed with no claims payment or legal fees.

73.66% were closed with claims payments and legal fees under \$ 1,000.

89.03% were closed with claims payments and legal fees under 5,000.

94.67% were closed with claims payments and legal fees under 10,000.

96.76% were closed with claims payments and legal fees under 15,000.

98.44% were closed with claims payments and legal fees under 25,000.

99.44% were closed with claims payments and legal fees under 50,000.

99.88% were closed with claims payments and legal fees under 100,000.

99.95% were closed with claims payments and legal fees under 1,000,000.

(1) Number of Records Read 3,451

(2) Failed Year Range Test 0

(3) Failed Dollar Range Test 0

(4) Records Closed 2,674

(5) Records Outstanding 777

Errors = (1) Minus (2) + (3) + (4) + (5) 0

Areas of Dentistry – January 1991

Year	Endo- dontics	Operative Dentistry	Ortho- dontics	Perio- dontics	Prosthodontics:		Surgery	Radiology	General Dentistry	Unknown
					Fixed	Removable				
1973	1	8	0	2	0	4	14	0	0	1
1974	7	7	4	1	8	1	27	0	5	1
1975	4	8	0	0	5	2	23	0	1	0
1976	8	4	1	0	10	9	23	1	13	0
1977	9	16	3	1	13	4	24	0	10	0
1978	15	15	3	8	16	4	31	1	9	0
1979	17	6	3	6	23	10	36	0	18	0
1980	14	11	2	3	6	4	39	1	23	1
1981	10	12	8	3	13	9	64	0	21	0
1982	27	11	10	1	24	7	49	0	25	0
1983	24	4	5	4	20	8	45	0	37	0
1984	31	9	72	6	33	15	81	1	73	0
1985	37	15	7	10	34	17	75	0	55	0
1986	35	30	25	5	34	13	95	3	51	0
1987	40	34	23	9	42	26	96	3	64	1
1988	32	38	23	12	24	23	87	2	39	0
1989	79	76	14	19	35	16	97	0	35	1
1990	121	121	38	18	40	33	120	3	36	20
Total	511	425	241	108	380	205	1,026	15	515	25

Primary Causes by Year – January 1991

Cause	From 1973															Total
Description	To 1977	78	79	80	81	82	83	84	85	86	87	88	89	90	Total	
0	2													17	19	
1 Untoward reaction to Drugs/Anaesthesia	5	2	1	2	1	2	4	12	19	5	13	7	8	10	91	
2 Anaes. Accident - Incapacitation	2								1	1				1	5	
3 Anaes. Accident - Death	1	1	1	1					1	2	2	3			12	
4 Extraction Wrong/Extra Tooth/Teeth	23	5	8	9	16	10	8	10	12	22	19	13	14	15	184	
5 Failure to Diagnose or Treat	20	15	13	10	14	17	13	19	28	28	36	23	47	34	317	
6 Fracture of Mandible	25	2	5	1		1	2	5	3	1	1	1		3	50	
7 Ingestion of Instrument/Material	14	1	2	2	1		1	3	3	1	2	2	2	8	42	
8 Inhalation of Instrument/Material	1		2	1	1							1		2	8	
9 Instrument Breakage Tooth/Tissue	9	5	4	7		6	7	5	2	8	5	5	9	18	90	
10 Parasthesia - Following Surgery	13	5	4	8	14	14	14	30	15	21	22	19	19	24	222	
11 Parasthesia - Following Injection	8	3		3	2	2	4	8	14	9	15	7	16	28	119	
12 Perforation of Sinus	5	2	3		1	1	3	1	1	7	7	2	8	1	42	
13 Roots not Removed	1		1	1	2	1		4		3	2	2	3	7	27	
14 Soft Tissue Trauma	22	1	5	5	10	10	3	12	9	12	19	7	7	15	137	
15 Trismus	4	2				4	1	1	4	3	4	5	2	10	40	
16 Unsatisfactory Dentures	18	4	10	4	9	7	10	16	15	14	21	21	18	27	194	
17 Unsatisfactory Fixed Bridge(s)	33	14	16	7	10	23	21	26	34	31	39	25	27	35	341	
18 Unsatisfactory Operative	14	12	4	7	12	9	7	12	10	20	22	21	39	55	244	
19 Unsatisfactory Orthodontics	6	2	1	2	5	5	4	69	5	21	14	17	12	23	186	
20 Unsatisfactory Periodontics			3	2	1	1	3	3	3	2	6	4	4	5	37	
21 Unsatisfactory R.C. Therapy	10	11	13	9	4	14	11	21	21	14	24	27	63	87	329	
22 Unsatisfactory Oral Surgery	10	3	3	7	16	6	11	16	19	19	20	27	23	23	203	
23 Treatment of Wrong Tooth	2	1		1	1	2	2	3	5	8	4	1	4	4	38	
24 Fracture of Tooth	16	1	3	5	3	4	4	2	7	4	1	4	1	9	64	
25 Death Following/During Treatment	5	4	1		3	1		7	2	2	1			1	27	
26 Untoward Reation to Treatment	6	2	4	3	5	10	10	8	6	11	9	15	20	28	137	
27 Unsatisfactory Implant(s)	1		1		1			1	1	2	4	1	3	4	19	
28 Other	7	4	11	7	8	4	4	27	10	20	26	20	23	56	227	
															3,451	

(1) Number of Records Read 3,451

(2) Failed Year Range Test 0

Processed = (1) Minus (2) 3,451

Secondary Causes by Year – January 1991

Cause	From 1973														
Description	To 1977	78	79	80	81	82	83	84	85	86	87	88	89	90	Total
0	2													19	21
1 Absence or Failure of Follow-Up	9	8	5	4	2	5	3	11	6	13	15	11	7	9	108
2 Inadequate Records	2		2	1	1	2	2		2	4		1	2	2	21
3 Inexperience	4	2			4	2	8	7	5	9	11	7	8	6	73
4 Insufficient X-Rays	9	6	2	2		2	5	4	2	5	3	3	2	7	52
5 Lack of Informed Consent	12	4	10	6	10	21	24	21	31	27	15	19	15	9	224
6 Lack of Signed Consent	4		1	1		1	3		2	3	2			1	18
7 Overbooked - Too Busy	1			1	3		2			2			3	3	15
8 Poor Communication	25	13	8	27	33	30	20	32	54	52	45	23	12	23	397
9 Pursuing Outstanding Account	26	5	15	10	8	14	15	17	17	24	21	14	23	43	252
10 No Apparent Secondary Causes	185	64	76	52	79	76	64	228	127	141	225	199	300	424	2,240
11 Under Influence Drugs/Alcohol	1								1					1	3
12 Equipment Malfunction	3					1	1	1	3	11	1	3		3	27
															3,451

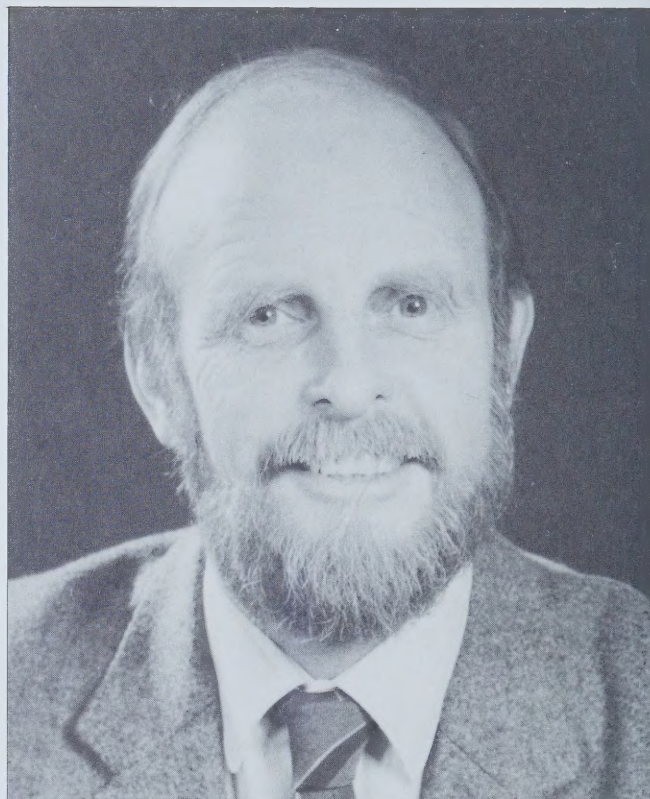
(1) Number of Records Read	3,451
(2) Failed Year Range Test	0
Processed = (1) Minus (2)	3,451

**Report of the Dean of the Faculty of Dentistry
University of Toronto**

Barry J. Sessle, B.D.S., M.D.S., B.Sc., Ph.D.

It is an honour and privilege to be asked to lead the Faculty of Dentistry at the University of Toronto over the next seven years. As a Faculty member for the last 20 years, I have seen the Faculty go from strength to strength over this period, and I see it as my job as Dean of the Faculty to maintain and, I hope, enhance, its well-earned national and international reputation for excellence. This, however, will have to be achieved in a changing dental scene. The Faculty, indeed all of Dentistry, is entering a new era, and changes in a number of areas will have a major impact on the practice and the teaching of Dentistry. These include changes in the incidence and patterns of dental diseases and disorders, quality assurance and potential legislation influencing self-governance by the profession, and the emergence of widespread dental insurance coverage, to name a few.

A major challenge for the Faculty will be the need to modify our educational programs to meet these changing times and ensure that our students, and our graduates, receive the best educational programs. We have already responded by reducing our undergraduate class size, and the first class of 64 students entered the Faculty this past academic year. We continue to receive over 600 applications for entry into the first year class. The small class size has provided the Faculty with the opportunity to change its educational system, from one which has been traditional in its delivery and content to one placing more emphasis on synthesis of interdisciplinary information, problem-solving and self-instruction by students, more student contact by staff, and community-based education. A Ways and Means Committee has been established and is working towards these objectives.



Yet another challenge influencing our programs in undergraduate, postgraduate, and continuing education as well as the other activities of the Faculty, will be increased fiscal constraints at U of T. These constraints, which have gradually been eating away at the Faculty's budget, will become especially acute over the next few years. The University has been forced to institute major budget cuts to all Faculties. Consequently, at a time when financial support of Faculty activities is diminishing, the Faculty of Dentistry faces the challenge of modifying its educational programs without sacrificing the quality of its programs. Other challenges for the Faculty in its educational program relate to improved measures needed in infection control, and improvements in patient access and patient flow in the Faculty; a new Committee, the Patient Care Committee, has been established to address these and related issues.

Government and University initiatives in the area of community-based health education, with special emphasis on the elderly and the handicapped, will also apply to dental education. The University of Toronto these past few months, for example, has entered into formal agreements with the municipalities of East York and North York to establish Teaching Health Units, and the Faculty of Dentistry will be a significant player in these activities.

Continuing education continues to be a prominent activity in the Faculty, and numerous courses have been provided this past academic year. Public and political pressure will dictate the need for an ever greater expansion of continuing education programs. Our Faculty is committed to responding to this directive. In this regard, it is our hope that funds can be raised to renovate the pre-clinical laboratory and the auditorium. Both these facilities will be used not only for the training of our undergraduates, but also for continuing education. Many of our graduates have generously helped us in recent years to undertake a number of improvements in the Faculty and it is my intention as Dean that the Faculty will continue to give something back, through continuing education, to our Alumni.

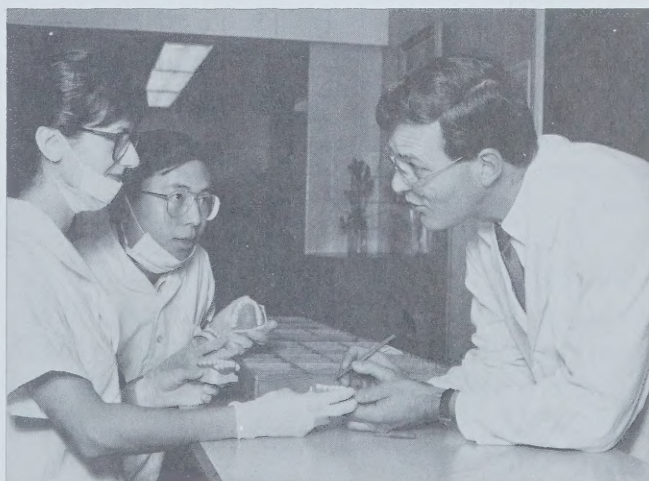
In addition to our undergraduate program, major activities in the Faculty of Dentistry continue to be postgraduate and graduate education and research. About 20% of the postgraduate and graduate students are indeed in combined M.Sc. or Ph./specialty programs, and the Faculty continues to represent Canada's major resource of dental specialists and academics. Until this July, I was the Associate Dean (Research) of the Faculty, and so I am also pleased to note that the Faculty has attracted almost \$3.5 million in research funding in 1989/90. This represents an increase of \$0.6 million in research funding over figures of the previous year (in which research funding was also up almost \$0.5 million); this is quite an achievement in these days of extreme competition for dwindling research dollars! Clinical and basic research activities in the Faculty have continued to focus on several fronts: the elimination of dental caries and periodontal disease; the biocompatibility of dental materials and the development of new materials and implant systems; a broader understanding of orofacial pain and neuromuscular dysfunction;

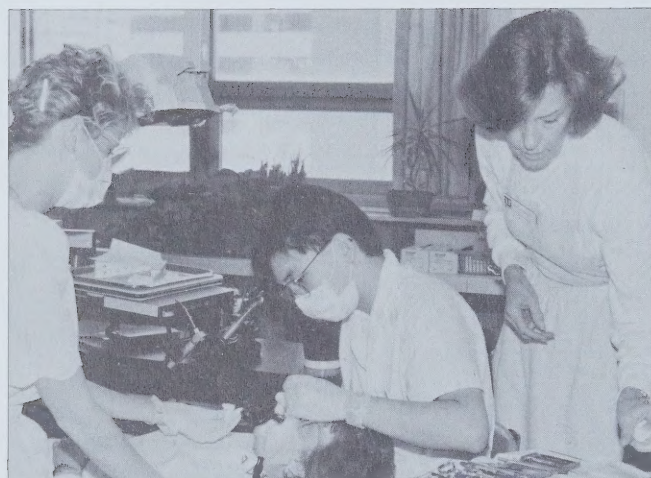
growth development and aging of the craniofacial complex; oral cancer; health care services research; and the development of new and innovative teaching models.

I will also mention some noteworthy activities in the days leading up to my appointment. Dr. Norm Levine did an outstanding job as Acting Dean of the Faculty in the past year; he brought a special sense of humanity and sincerity to his capable leadership of the Faculty and I am very pleased that he has agreed to help me in the future administration of the Faculty. The Faculty also made formal recognition of two very generous donations, one from the estate of Dr. Wilson G. Harron, a former graduate of the Faculty of Dentistry, and the other from Mrs. Anne Hare, the wife of the late Dr. George Hare, former Head of the Department of Endodontics. Another highlight was the first Alumni of Distinction annual award night, at which the Faculty recognized some of its distinguished Alumni, staff, and Professors Emeriti.

Other Scholarly Activities and Distinctions

Faculty members have been very active and productive this past year, as they continue to contribute to the advancement of the profession and to the reputation of the Faculty of Dentistry. Faculty members this past year have published dozens of original papers advancing clinical and scientific





knowledge, and several have also written or contributed to texts setting the standard in their discipline. Many have also served on government and professional committees and working groups at the local, provincial, federal and national levels, on grant review committees, and on the editorial boards of journals in both clinical fields and biomedical disciplines basic to dental research. Our Faculty members have been invited to speak at over 100 meetings, conferences and academic institutions this past year, and many have also served as elected representatives of various bodies. Awards and distinctions continue to be given to our Faculty members, and we are extremely proud of their achievements and the honour and prestige that they bring to the Faculty, to the University, and to the profession.

Appointments and Promotions

Drs. J. Ferrier, D. Locker, J.L. Leake and C.D. Torneck have been promoted to the rank of full Professor, and Drs. P. Birek, C.A.G. McCulloch, A. Metaxas and H.C. Tenenbaum to the rank of Associate Professor. New appointments included Dr. A.R. Milnes as Associate Professor, and Dr. P. Andrews as Assistant Professor (half-time). Other appointments and promotions included Drs. C.Y. Chiang, R.L. Ellis, S. Golden, D.H. Johnston, A.J. Lee, P.A. Main, R.L. Moran, and J.C. Posnick.

In addition, Dr. N. Levine has been appointed Associate Dean (Clinical and Undergraduate Affairs), Dr. R.M. Pilliar as Associate Dean (Research), Dr. J.E. Aubin as Director of Postgraduate and Graduate Education, and Dr. D. Locker as Coordinator of Graduate Studies.

Education

The total enrolment in the Faculty's degree and diploma programs follows:

Undergraduate	1989-90	1990-91
First Year	67	68
Second Year	103	64
Third Year	98	104
Fourth Year	98	96
Total D.D.S.	366	332

Postgraduate and Graduate

Postgraduate	45 (14 graduated)	44
Ph.D.	13 (2 graduated)	12
Masters	31 (7 graduated)	28
Interns	27	27

**Report of the Dean of the Faculty of Dentistry,
University of Western Ontario**

Ralph I. Brooke, B.Ch.D., L.D.S., F.D.S., R.C.S., M.R.C.P., L.R.C.S.

Faculty News

The Faculty celebrated its 25th anniversary by offering an "Alumni Day", at which several alumni who have gained prominence presented papers. The day culminated in a dinner-dance for faculty, alumni, staff, and the graduating class of 1990.

A Faculty Retreat was held at Elmhurst Inn, October 13-14, 1989. Many aspects of the program, including grading and the move to patient-based care, were discussed.

The Division of Oral Biology was awarded \$100,000 from the University's Quality Academic and Administrative Assurance Fund program to provide for the appointment of two researchers on regular continuing appointments.

The Divisions of Oral Medicine & Oral Radiology were combined to form the Division of Oral Medicine and Radiology, with Dr. Stanley Kogon as Chair.

A University-wide AIDS policy has been adopted. In Dentistry, the emphasis of prevention will be on procedure rather than patient. All patients for whom procedures involving bleeding or other risk of cross infection will be treated in special areas.

The Canadian Fund for Dental Education challenge was won by the Faculty of Dentistry at Western. This award is given to the faculty making the greatest financial contribution and having the highest percentage of participation in the annual fund-raising drive.

A formal Recall Clinic was organized for the summer of 1990, to ensure the continued treatment of the Faculty's patients during the months of May through August.

The Faculty faces budget cuts of 3.5% annually for three years commencing in 1991-92. Unless affirmative action is taken, such cuts can be met only by the loss of faculty positions. Possible new income sources are being considered.



Dr. Danny J. Morrow was named Chair of the Division of Periodontics on July 1, 1990.

Dr. Richard P. Ellen, Chair of Periodontics at the University of Toronto, was the MRC Visiting Professor.

Undergraduate Program

Course offerings in Biomaterials, Endodontics and Periodontics have been reorganized for 1990, to provide earlier pre-clinical training. Commencing in 1990, VISA students were eligible for admission.

Concerning admissions, the entering class of 40 students in 1990 was selected from 503 processed applications. This represents an increase of 56 from the previous year but 12 fewer than in 1988. The class consists of 11 women and 29 men whose academic average, based on the best two



university years preceding admission, was 85.8%. 17 members of the class, which has an average of 23 and a median of 22, have degrees.

A summary of the examination results for all four years follows:

First: There were 40 students of whom 11 received honours and 29 passed

Second: Of the 40 students, 18 earned honours, 19 passed, and the remaining three had either incompletes or conditions

Third: Among the 39 students were 8 who achieved honours, 22 passed and 9 had conditions to clear

Fourth: 39 students were graduated, 4 with honours, 27 with pass standing and 8 were required to clear conditions prior to convocation.

Continuing Dental Education

A Homecoming brunch in October was very well attended with 75 alumni in attendance. Brief presentations were given by the honorary class presidents, Dr. Hy Goldberg, Dr. Paul Sills and by Dean R.I. Brooke.

To initiate the celebration of the 25th Anniversary of the Faculty, a three-day symposium on "Changing Trends in Managing Prosthodontic Patients" was held in Tampa, Florida. The course was well attended by dentists from the province as well as the United States. The course assisted the profession in keeping abreast with this rapidly changing area of dentistry.

Update '90, a course for dentists who are current and want to remain current, was held in January. Six clinicians from the Faculty and a guest lecturer presented material in their respective areas of expertise.

The office of Continuing Dental Education (CDE) coordinated a dinner/dance to celebrate the 25th Anniversary of the Faculty. The year also featured a number of excellent CDE programs that were offered by many divisions of the Faculty. In particular, the third course in "Osseointegration in Clinical Dentistry" (Prosthodontic Implants) was well attended. Participants came from Canada and the United States.

Research

A total amount of \$496,051 was received in grants from external as well as university sources during 1989-1990.

Publications

The academic staff published extensively in the 1989-1990 academic year. In all, some 76 contributions were made to dental and scientific literature.



Inspector: Sam Evans

Investigations

In the past twelve month period, 88 investigations requiring reports occurred. This represents a reduction of 51 reports compared to the preceding twelve month period. This reduction is attributed to the Supreme Court of Canada decision with respect to professional advertising.

Practising Dentistry Without a Licence

As a result of information received and complete investigations of three separate cases, charges were laid for the illegal practice of dentistry. Trial dates have been set for early 1991. These trials will be monitored and subsequent reports submitted.

Dentists Abusing Prescribing Privileges

Due to more efficient computers, the Bureau of Dangerous Drugs has improved its system of monitoring narcotic and controlled drug sales. As a result, more dentists who prescribe these drugs for themselves are being discovered.

Once identified, the dentists usually enter a drug abuse program and willingly relinquish their prescribing privileges for a minimum period of one year.

Chair: J.D. Anderson

**Committee Members: G.I. Baker, A.F. Dungy, A. McGuinness,
P. Scharf**

The Dentistry Review Committee is a Committee of the College authorized under *The Health Insurance Act*. It is activated only when the general manager of the Health Insurance Plan has reason to question a billing submitted by a dentist.

The general manager has not had grounds to make a referral to this Committee since 1982; accordingly, the Committee has not met since then.

All members of this Committee are appointed by the Lieutenant Governor in Council. This year, Ms. Pam Scharf and Dr. James D. Anderson were newly appointed to the Committee with Dr. Anderson accepting the position of Chair.

Philip Watson, D.D.S., M.S.D.*

The National Dental Examining Board of Canada was established by an Act of Parliament in 1952. The purpose of the Board is to establish qualifying conditions for a single standard national dental certificate of qualification and to ensure that the examinations will be acceptable to all participating licensing bodies in Canada.

Process for Certification

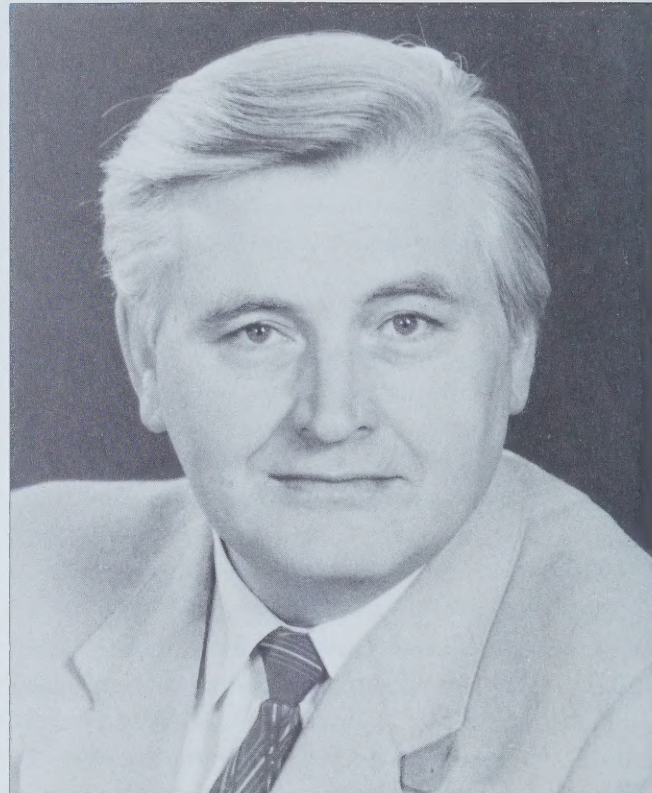
The NDEB certificate can be obtained by two methods. One is by successful completion of the NDEB examination and the other is by graduation from a university accredited by the Council on Education and Accreditation of the Canadian Dental Association. Therefore, at the present time, all graduates of dental schools outside Canada are certified by successful completion of the NDEB examination. Graduates of Canadian Universities receive the NDEB certificate provided their school meets the standards of accreditation and submits the required application and administrative fee to the NDEB. The NDEB participates in the accreditation process and recovers those costs through the fees paid by applicants of schools accredited by this process.

External Review

Each year the NDEB assesses its certification mechanisms and makes adjustments where indicated in order to assure clarity, balance and relevance to general practice utilizing curricula outlines from undergraduate dental programs in Canada. In addition to this self-assessment, the NDEB has initiated several external evaluation procedures over the years; the most recent effort, has been the engagement of the Honourable W.D. Parker to review NDEB by-laws and policies. The Parker Report was received and adopted by the Board at its annual board meeting in Ottawa on November 12 and 13, 1990.

Examination Structure

The NDEB examination consists of a written examination involving three days, and is followed by a clinical examination. The written examination, in multiple choice format, includes the clinical and basic science disciplines. The clinical



examination comprises three parts. Part A, conducted on manikins, is designed to assess a candidate's ability in operative dentistry prior to treating patients. Part B, requiring three days, is designed to determine a candidate's ability in evaluation, diagnosis and management of patients. This involves written responses in order to test abilities to recognize and diagnose oral pathological conditions and formulate a logical sequence of treatment, ability to examine and assess oral health and disease from radiographs, clinical photographs and photomicrographs, and responses to demonstrate a knowledge of systemic conditions, past or present, that may compromise dental treatment or require special patient care.

Part B consists of an examination of knowledge and ability to diagnose and treat occlusal problems. The diagnosis and treatment of occlusal problems is examined both with patients and models provided by the NDEB. Candidates are required to carry out an impression procedure consistent with acceptable standards for immediate complete denture therapy.

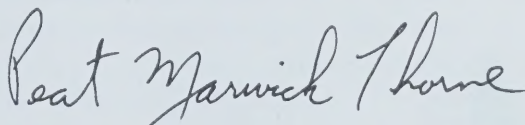
* Dr. Philip Watson is the Ontario representative appointed by the RCDS to the National Dental Examining Board.

Peat Marwick Thorne Chartered Accountants

To the Members of the Council of The Royal College of Dental Surgeons of Ontario

We have examined the balance sheet of The Royal College of Dental Surgeons of Ontario as at December 31, 1989 and the statements of revenue and expenses and surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the College as at December 31, 1989 and the results of the operations for the year then ended in accordance with generally accepted accounting principles applied, except for the change in the method of accounting for the pension plan as explained in note 2 to the financial statements, on a basis consistent with that of the preceding year.



March 2, 1990

Part C, extending over 3 days, and involving patient treatment, is designed to determine a candidate's competence to carry out a variety of restorative procedures that meet standards similar to those expected from students graduating from Canadian schools with accreditation status.

Effective January 1, 1990, a candidate has the privilege of taking each part of the clinical examination (A,B,C) two times. A candidate who fails one part (A,B,C) of the clinical examination two times will be required to repeat the written examination. For further explanation, a candidate can fail Part A once, Part B once and Part C once without repeating the written examination.

Report of the Clinical Review Committee

The Report of the Clinical Review Committee was received at the annual board meeting. This Committee was established to find improved methods of examining students from accredited Canadian schools. The main feature of the report suggests that NDEB examiners participate in the final examination process of students graduating from schools in Canada. A pilot project will start in the Universities of Toronto, Montreal and British Columbia in the spring of 1991. There are plans to extend this to 5 more schools in 1992. During the pilot period the external examiners will be examiner/observers. If agreement of all Universities can be achieved the observer status will be changed to an examiner status in 1993 with the NDEB external examiners becoming participants in the final examinations of the graduating classes. The reason for the pilot project is the obvious need to eliminate unforeseen problems and give the schools an opportunity to assess the process as well as make some recommendations of their own.

This proposal appears to satisfy most provinces at the present time. However, there are some indications that British Columbia and Ontario may be considering an increase in provincial examination activities. Quebec will require graduates of Quebec provincial schools to take the written part of the NDEB examinations with a provision for those who fail to take second supplemental examinations conducted by the Province. Quebec will continue to require all graduates from outside the Province of Quebec to take the full NDEB examination.

The 1991 examinations will be held in London, Ontario, in May, and in Vancouver, British Columbia, in August.

The Royal College of Dental Surgeons of Ontario

(Incorporated under the *Health Disciplines Act*, Part II, of Ontario)

Balance Sheet (December 31, 1989, with comparative figures for 1988)

	1989	1988		1989	1988
General Fund					
Assets			Liabilities		
Cash	\$ 1,052,827	316,512	Payable to Professional Liability Program Fund	\$ —	203,875
Investment in bonds and treasury bills at amortized cost	1,721,377	1,685,876	Accounts payable	451,050	52,868
Accounts receivable	9,969	33,623	Deferred revenue, licentiate fees	1,703,588	1,403,989
Receivable from Professional Liability Program Fund	5,146	—		2,154,638	1,660,732
Receivable from Building Fund	265	—			
Prepaid expenses	2,107	2,625			
Deposit on purchase of building (note 5)	100,000	100,000			
Deferred pension plan funding excess	29,600	—	Surplus	766,653	477,904
	\$ 2,921,291	2,138,636		\$ 2,921,291	2,138,636
Building Fund					
Assets			Liabilities		
Cash	\$ 3,110	2,798	Payable to General Fund	\$ 265	—
Accounts receivable	17,608	14,272			
Interest receivable	19,927	—			
Investment in bonds and treasury bills at amortized cost	619,890	575,729	Surplus	660,270	592,799
	\$ 660,535	592,799		\$ 660,535	592,799
Professional Liability Program Fund					
Assets			Liabilities		
Cash	\$ 127,806	12,760	Accounts payable	\$ —	6,220
Investment in bonds and treasury bills at amortized cost	10,142,092	8,915,920	Deferred revenue, members' assessments	2,034,484	1,964,496
Accounts receivable	1,011,930	—	Provision for unsettled claims (note 4)	4,943,954	4,171,149
Receivable from General Fund	—	203,875	Payable to General Fund	5,146	—
	\$11,281,828	9,132,555	Surplus	4,298,244	2,990,690
				\$11,281,828	9,132,555
Centennial Fund					
Assets			Liabilities		
Cash	\$ 40,504	34,988	Accounts payable	\$ 150	150
Accounts receivable	317	—			
Interest receivable	1,900	1,146	Surplus	42,571	35,984
	\$ 42,721	36,134		\$ 42,721	36,134
Harry R. Abbott Memorial Library Fund					
Assets			Liabilities		
Cash	\$ 90	90	Surplus	2,290	2,290
Interest receivable	2,200	2,200		\$ 2,290	2,290
	\$ 2,290	2,290			
Dental Hygienists' Fund					
Assets			Liabilities		
Cash	\$ 14,270	50,000	Accounts payable	\$ 197,420	—
Investments in bonds and treasury bills at amortized cost	391,420	—	Surplus	208,270	50,000
	\$ 405,690	50,000		\$ 405,690	50,000

The Royal College of Dental Surgeons of Ontario

Statement of Revenue and Expenses and Surplus

(Year ended December 31, 1989, with comparative figures for 1988)

	1989	1988		1989	1988
General Fund					
Revenue			Expenses		
Annual fee and licence fee:			Salary and salary charges	\$ 1,082,907	949,983
Dentists	\$ 5,261,694	4,915,275	Postage and courier	108,549	119,795
Less portion attributable to			Printing, stationery and supplies	153,194	177,101
Professional Liability Program			Telephone	21,788	18,358
Fund	(3,318,721)	(3,221,725)	Equipment - purchase, rental and		
	1,942,973	1,693,550	maintenance	93,117	165,464
Hygienists	542,090	369,624	Property expenses	139,684	57,977
Less portion attributed to Dental			Staff travel	58,249	53,605
Hygienists' Fund	(141,240)	-	Examinations (dental hygienists)	104,067	106,111
Examination fees (dental			Honoraria	260,681	296,312
hygienists)	90,947	64,585	Continuing education	49,044	62,836
Interest	194,388	165,146	Professional fees:		
Sundry	18,218	12,753	Legal	292,203	290,970
Administration charge to the			Audit	13,000	9,100
Professional Liability Insurance			Witness and court reporter fees	8,766	7,173
Fund	320,000	117,000	Council insurance	3,004	3,004
	2,967,376	2,422,658	Council and committee	91,548	71,923
			Grants:		
			Canadian Dental Association	54,890	52,450
			Canadian Fund for Dental Education	1,000	1,000
			University of Toronto	4,000	3,750
			University of Western Ontario	4,000	3,750
			Other	-	3,570
			Administrative	72,412	107,826
			Consulting fees	62,524	11,310
			Transfer to Dental Hygienists' Fund	-	50,000
				2,678,627	2,623,368
			Excess of revenue over expenses		
			(expenses over revenue)	288,749	(200,710)
			Surplus, beginning of year	477,904	678,614
			Surplus, end of year	\$ 766,653	477,904

	1989	1988
Building Fund		
Revenue		
Interest	\$ 67,626	49,687
Expenses		
Excess of revenue over expenses	67,471	49,687
Surplus, beginning of year	592,799	543,112
Surplus, end of year	\$ 660,270	592,799

Professional Liability Program Fund

Revenue		
Members' assessments	\$ 3,318,721	3,221,725
Interest	878,622	715,361
	4,197,343	3,937,086
Expenses		
Insurance premium	1,084,099	1,094,370
Broker and consultant fees	15,140	16,100
Provision for claims and unsettled claims (note 4)	1,470,534	1,704,758
Administration charge from General Fund	320,000	117,000
Sundry	16	5,003
	2,889,789	2,937,231
Excess of revenue over expenses	1,307,554	999,855
Surplus, beginning of year	2,990,690	1,990,835
Surplus, end of year	\$ 4,298,244	2,990,690

	1989	1988
Centennial Fund		
Revenue		
Interest	\$ 6,587	3,662
Expenses		
Grant to University of Toronto	—	2,500
Excess of revenue over expenses	6,587	1,162
Surplus, beginning of year	35,984	34,822
Surplus, end of year	\$ 42,571	35,984

Harry R. Abbott Memorial Library Fund

Revenue		
Interest	\$ 2,200	2,200
Expenses		
Grant to University of Toronto Library Fund	2,200	2,000
Excess of revenue over expenses	—	200
Surplus, beginning of year	2,290	2,090
Surplus, end of year	\$ 2,290	2,290

Dental Hygienists' Fund

Revenue		
Transfer from General Fund	\$ —	50,000
Fees	141,240	—
Interest	17,030	—
	158,270	50,000
Surplus, beginning of year	50,000	—
Surplus, end of year	\$ 208,270	50,000

1. Summary of significant accounting policies

Fixed assets:

The cost of furniture, equipment and leasehold improvements is included in expenses as incurred (1989 - \$23,306; 1988 - \$102,032).

Pension plan:

The College maintains a defined benefit pension plan which covers substantially all of its employees. Pension fund assets, at market value were \$1,427,000 at December 31, 1989. The present value of accrued pension benefits attributable to services rendered to December 31, 1989 was \$1,106,000.

Determination of pension expenses includes adjustments for experience losses amortized on a straight-line basis over the expected average remaining service lives of the plan participants. The cumulative difference between the funding contributions and the amounts recorded as a pension expense is recorded as the deferred pension plan funding excess.

2. Change in accounting policy

Effective January 1, 1989, the College adopted prospectively the recommendations for accounting for pension costs and obligations issued by the Canadian Institute of Chartered Accountants.

The new recommendations require the use of accrued benefit method and best estimate assumptions in valuing pension obligations. The difference between pension fund assets and liabilities valued on this basis is amortized over the expected average remaining service life of the plan participants. The application of the new recommendations resulted in an increase in net income of \$29,600.

3. Funds held in trust

At December 31, 1989 the College maintained in trust \$3,500 (1988 - \$4,332) for refund to patients following claims made against member Dentists.

4. Professional liability program fund

This fund was established by the College by allocating a portion of the fees charged to Dentists on an annual basis as approved by the Board. The insurance coverage for claims has been established to cover validated claims in excess of a deductible portion on an annual basis. The College is liable for the first \$35,000 of a validated claim subject to a maximum loss limit on an annual basis of \$1,500,000. The Dentists are liable to the College for a deductible portion on each validated claim of \$1,000 on any one occurrence including defence costs, increasing at the rate of \$1,000 for each additional claim in a twenty-four month period. The College is additionally liable for all insurance adjuster fees related to claims arising since January 1, 1977. Provision has been recorded in the accounts for the liability with respect to unsettled claims and the insurance adjuster fees related thereto. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College.

5. Subsequent events

In 1972 the land and building at 230 St. George Street was sold to The Ontario Dental Association for \$2. The Royal College of Dental Surgeons of Ontario had leased the land and building from The Ontario Dental Association for a period for twenty-five years expiring September 30, 1997 for \$1 plus various operating charges as specified in the lease with an option to renew for an additional twenty-five years and a right of first refusal on any offer for purchase of the property. The lease was terminated on January 22, 1989 as a result of a new agreement to purchase the properties at 230 and 234 St. George Street from the Ontario Dental Association at the purchase of \$2,500,000 against which a deposit was made of \$100,000. The transaction and financing arrangements are to be completed during 1990.

Degree of "Busyness" of Ontario Dentists / 1990

(Based on Data as of June 1990)

Years since Graduation	Number of DDS Responding	% of Respondents Less Busy than Would Like	% of Respondents Content with Patient Load	% of Respondents Too Busy
0-4	385	66.3	34.8	1.8
5-9	709	50.9	47.3	1.6
10-14	748	43.3	52.9	3.7
15-19	616	41.0	55.0	3.9
20-24	511	37.2	58.3	4.5
25-29	322	39.4	57.7	2.7
30-34	236	38.1	57.2	4.6
35-39	176	26.7	70.4	2.8
40-44	95	25.2	70.5	4.2
45 Plus	38	23.6	73.6	2.6
Total	3,836	43.5	53.2	3.2

Licencing Profile**Licensed Dentists Deceased**

Bretzler, G.D.	(1967)*	Sept. 1990
Brown, I.S.	(1950)	Apr. 1990
Huta, M.J.	(1959)	Nov. 1990
Kerby, W.A.	(1951)	Sept. 1990
Krupanszky, J.A.	(1964)	Mar. 1990
Oswald, G.A.	(1936)	Sept. 1990
Sutherland, A.J.	(1953)	Apr. 1990
Tervit, T.C.	(1964)	Aug. 1990
Truuvert, P.	(1978)	Mar. 1990
Waterhouse, D.W.	(1945)	Nov. 1990

* Denotes year of Graduation

Additions to the Register

University of Toronto	81
University of Western Ontario	36
N.D.E.B. Certificates	105
General Licence (from Education)	17
Academic Licence	0
Approved by the Reg. Committee	2

Removals and Reinstatements

Deceased	10
Retired	42
Not Renewing	83
Removed	14
Reinstated	47

Licences Issued

Dentists	5,813 members*
Dental Hygienists	3,857 members**

* includes 5 Life Members and 166 Out-of-Province Members

** includes 201 Out-of-Province

Ratio of Dentists to Dental Hygienists

As of October 1990

County	Dentists	Hygienists	Ratio
Algoma	62	36	1.72 : 1
Brant	42	26	1.61 : 1
Bruce	17	20	.85 : 1
Cochrane	31	28	1.10 : 1
Dufferin	17	9	1.88 : 1
Durham	189	230	.82 : 1
Elgin	23	9	2.55 : 1
Essex	173	138	1.25 : 1
Frontenac	66	42	1.57 : 1
Grey	32	14	2.28 : 1
Haldimand Norfolk	28	18	1.55 : 1
Haliburton	2	3	.66 : 1
Halton	177	167	1.05 : 1
Hamilton Wentworth	234	134	1.74 : 1
Hastings	53	36	1.47 : 1
Huron	15	7	2.14 : 1
Kenora	22	13	1.69 : 1
Kent	44	22	2.00 : 1
Lambton	54	58	.93 : 1
Lanark	13	11	1.18 : 1
Leeds Grenville	48	36	1.33 : 1
Lennox Addington	5	1	5.00 : 1
Manitoulin	5	3	1.66 : 1
Metro Toronto	1943	713	2.72 : 1
Middlesex	266	142	1.87 : 1
Muskoka	24	14	1.71 : 1
Niagara	200	185	1.08 : 1
Nipissing	39	29	1.34 : 1
Northumberland	26	16	1.62 : 1
Ottawa Carlton	396	261	1.51 : 1
Oxford	34	20	1.70 : 1
Parry Sound	12	13	.92 : 1
Peel	366	243	1.50 : 1
Perth	25	16	1.56 : 1
Peterborough	51	39	1.30 : 1
Prescott Russell	18	15	1.20 : 1
Prince Edward	6		
Rainy River	9	9	1.00 : 1
Renfrew	41	34	1.20 : 1
Simcoe	125	124	1.00 : 1
Stormont Dundas Glen.	31	26	1.19 : 1
Sudbury	69	91	.75 : 1
Thunder Bay	82	78	1.05 : 1
Timiskaming	15	13	1.15 : 1
Victoria	13	16	.81 : 1
Waterloo	177	135	1.31 : 1
Wellington	78	63	1.23 : 1
York	244	300	.81 : 1
Totals	5,642	3,656	1.54 : 1

Presidents and Registrars

Presidents

* B.W. Day	April 1868 - June 1870
* H.T. Wood	June 1870 - July 1874
* C. S. Chittenden	July 1874 - May 1889
* H.T. Wood	May 1889 - Mar. 1893
* R. J. Husband	Mar. 1893 - April 1899
* G.E. Hanna	April 1899 - April 1901
* A.M. Clark	April 1901 - April 1903
* H.R. Abbott	April 1903 - April 1907
* R. B. Burt	April 1907 - April 1909
* G.C. Bonnycastle	April 1909 - May 1911
* W.J. Bruce	May 1911 - May 1913
* D. Clark	May 1913 - May 1915
* W.C. Davy	May 1915 - May 1917
* W.C. Trotter	May 1917 - May 1918
* W.M. McGuire	May 1918 - May 1921
* M.A. Morrison	May 1921 - May 1923
* A.D. Mason	May 1923 - May 1925
* E. E. Bruce	May 1925 - May 1927
* R.C. McLean	May 1927 - May 1929
* S. S. Davidson	May 1929 - June 1931
* S.M. Kennedy	June 1931 - May 1933
* H. Irvine	May 1933 - May 1935
* G.H. Holmes	May 1935 - May 1937
* E.C. Veitch	May 1937 - May 1939
* L.D. Hogan	May 1939 - May 1941
* F.A. Blatchford	May 1941 - May 1943
* G.H. Campbell	May 1943 - May 1945
* S.W. Bradley	May 1945 - May 1947
* H.W. Reid	May 1947 - May 1949
* S. J. Phillips	May 1949 - May 1951
* R.O. Winn	May 1951 - May 1953
* C.M. Purcell	May 1953 - May 1955
* R. J. Godfrey	May 1955 - May 1957
* M.C. Bebee	May 1957 - May 1959
* M.V. Keenan	May 1959 - May 1961
* A.H. Leckie	May 1961 - April 1963
W.G. Bruce	April 1963 - April 1965
* J. P. Coupland	April 1965 - Feb. 1967
J. D. Purves	Feb. 1967 - Jan. 1969
H.M. Jolley	Jan. 1969 - Jan. 1971
N.L. Diefenbacher	Jan. 1971 - Jan. 1973
P. P. Zakarow	Jan. 1973 - Jan. 1975
R. P. McCutcheon	Jan. 1975 - Jan. 1977
E.G. Sonley	Jan. 1977 - Jan. 1979
A. J. Calzonetti	Jan. 1979 - Jan. 1981
C.A. Doughty	Jan. 1981 - Jan. 1983
R. L. Filion	Jan. 1983 - Jan. 1985
G.E. Pitkin	Jan. 1985 - Jan. 1987
G. Nikiforuk	Jan. 1987 - Jan. 1989
W.J. Dunn	Jan. 1989 - Jan. 1991
R.M. Beyers	Jan. 1991 -

Registrars

* J. O'Donnell	April 1868 - July 1870
* J. B. Willmott	July 1870 - June 1915
* W.E. Willmott	July 1915 - May 1940
* D.W. Gullett	May 1940 - July 1956
W.J. Dunn	July 1956 - Feb. 1965
K. F. Pownall	Feb. 1965 - July 1990
R. L. Ellis	July 1990 -

* Deceased

BINDING SHELF



1991 Proceedings
The Royal College
of Dental Surgeons
of Ontario

Index



R.C.D.S. President's Report	2
Council and Electoral Districts	6
Committees	6
Staff	7

Committee Reports

Statutory

Executive	8
Complaints	15
Discipline	17
Registration	19

Standing

Continuing Competence	22
Dental Hygiene Matters	23
Finance and Property	27
General Purpose	32
Legal and Legislation	34
Professional Liability Program	36

Faculty of Dentistry Reports

University of Toronto	40
University of Western Ontario	43

Other Reports

Inspector	46
The Dentistry Review	46
The National Dental Examining Board of Canada	47
Financial	49
Statistical	58

Presidents and Registrars

Council Meetings:

April 25, 26; November 21, 22.	60
--------------------------------	----

1 AUG 7 1992

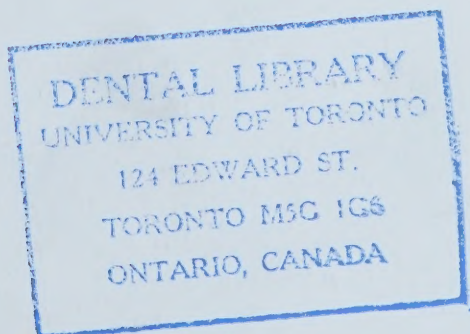
014067



Our new location 6 Crescent Road, Toronto

**Self-governance
is a privilege**

**Our Mandate:
Protect and serve
the public**





Dr. Richard M. Beyers

During 1991, the RCDS reaffirmed its commitment to the responsibilities of self-regulation by accepting the challenge of the new regulatory environment created by the new *Regulated Health Professions Act* and other parallel Acts that affect dental care delivery.

The *Regulated Health Professions Act* (RHPA) and the 21 profession specific Acts received third reading on November 21, 1991 and Royal Assent on November 25, 1991. The College continues to regulate the professions of dentistry and dental hygiene under the existing *Health Disciplines Act* until early 1993 when it is anticipated that the new Acts will be proclaimed. During this interim period, new regulations will be drafted to accompany the RHPA and the profession specific Acts.

The College had an opportunity to fully participate in the review process of the proposed legislation prior to third reading. During the clause by clause study of the Acts, the College made representation to the Social Development Committee of the Legislative Assembly on matters which it felt were of grave concern. One of these included the enabling of Denturists to provide removable prosthetics independent of the dentist's referral. Now that the Acts are in their final form, the College is focusing on the transition to and the implementation of the new regulatory environment.

Preparation for the orderly transition of dental hygiene regulation from the RCDS to the College of Dental Hygienists continued throughout 1991 under the auspices of the Task Force on Dental Hygiene Regulation. The RCDS has continued to collect a special levy of \$40. per dental hygiene member for the funding of the establishment of the new College of Dental Hygienists.

The new RCDS Headquarters at Six Crescent Road (across from the Rosedale subway station, at the corner of Yonge Street and Crescent Road) provides a modern, efficient and attractive working environment easily accessible in Toronto by automobile or public transit. The building is also wheelchair accessible. Upon completion of the renovations, there will be an appropriate facility to hold open Discipline and Council meetings with ample seating for members of the public. A new sophisticated telephone system with voice mail is just one example of how the new facility will provide an enhanced level of service to members and the public. Other regulated health professions are being invited to locate at Six Crescent Road, as the building has more space than the RCDS requires.

The College has become more visible in showing its sense of accountability to the government and the public of Ontario by working assiduously in developing policies and programs which the RHPA when enforced will require. These include developing:

1. a Continuing Competence/Quality Assurance Program,
2. a protocol for the selection of non-council members to serve on the Discipline Committee and other committees as required,
3. a sexual abuse prevention plan which will provide the basis for the new Patient Relation Committee's activities,
4. an electoral boundry redistribution plan for the Province which increases the number of districts and therefore, the number of elected dentists to the Council.
5. new regulatory requirements for receipt of the initial certificate of registration and for the maintenance of such registration.

The new regulatory environment requires the College to make the public of Ontario more aware of the College's role. The College has responded by publishing its phone number in the yellow pages throughout Ontario under the heading Dental Governing Bodies. As well, the College has established a subcommittee on public education that is responsible for the development of an informational brochure about the College and its purpose. This will be distributed to dental offices and be available to the public at large.

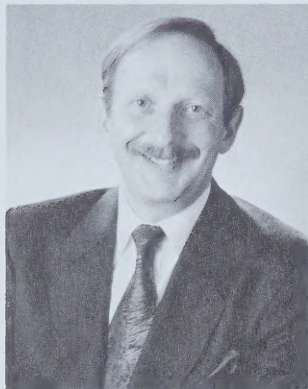
The College has also responded to issues raised by the profession. These have included:

1. Dealing with numerous complaints from members expressing concern about the liberties taken with the advertising guidelines by fellow members.
2. Reactivating the listing of preventive dental assistants to allow certified level II dental assistants trained elsewhere in Canada the opportunity of working in Ontario as preventive dental assistants. The College also approved a course of study for preventive dental assistants sponsored by the Ontario Dental Nurses' and Assistants' Association.
3. Initiating an ethics and jurisprudence course for newly licensed dentists who have taken their education outside of Ontario.

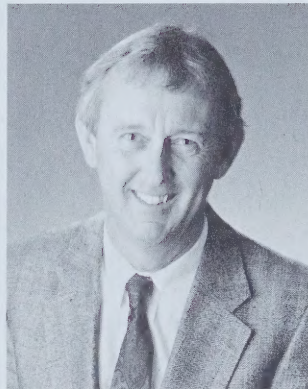
One disappointment in an otherwise productive and progressive year was the inability to sell the two properties at 230 and 234 St. George Street. The severity of the Toronto real estate market slump is unprecedented.

I want to thank the Councillors and staff for the enormous amount of important work that has been accomplished during 1991. I encourage you to read the Proceedings as it provides valuable information about the College's activities.

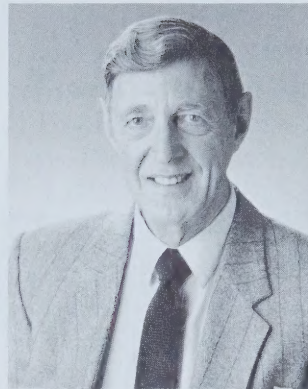
Elected Representatives



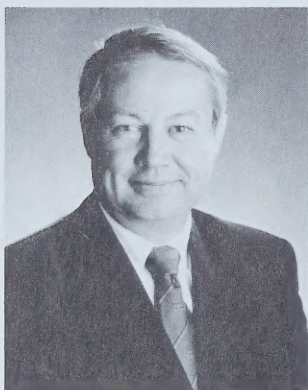
G.P. Citrome, D.D.S.
District 1



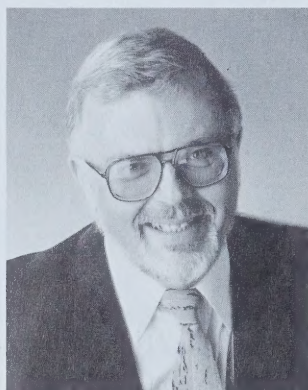
G.C. White, D.D.S.
District 2



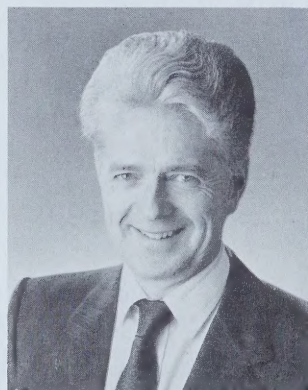
T.G. White, D.D.S.
District 3



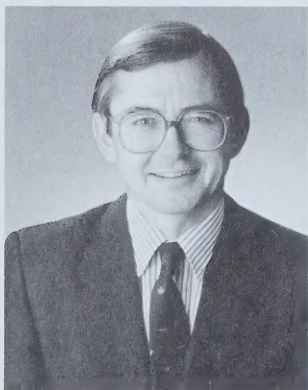
E. Luks, D.D.S.
District 4



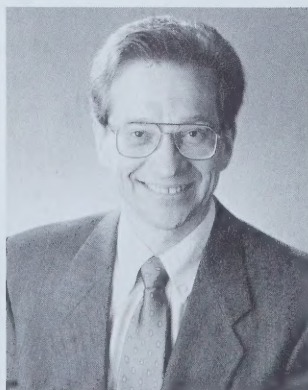
G.E. Pitkin, D.D.S.
District 4



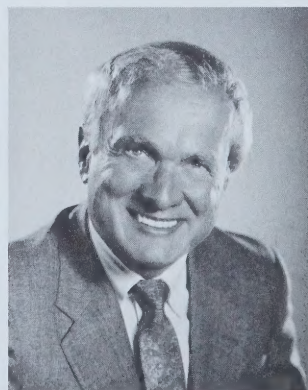
P.W. Dean, D.D.S.
District 5



J.E. Stakiw, D.M.D.
District 6



R.M. Beyers, D.D.S.
District 7



R.T. Lang, D.D.S.
District 8

Electoral Districts

1. Number one, composed of the counties of Dundas, Frontenac, Glengarry, Grenville, Lanark, Leeds, Lennox and Addington, Prescott, Renfrew, Russell and Stormont, and The Regional Municipality of Ottawa-Carlton.

2. Number two, composed of the counties of Hastings, Northumberland, Peterborough, Prince Edward and Victoria, the Provincial County of Haliburton and The Regional Municipality of Durham.

3. Number three, composed of the territorial districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Rainy River, Sudbury, Thunder Bay, and Timiskaming.

4. Number four, composed of The Municipality of Metropolitan Toronto and The Regional Municipality of York.

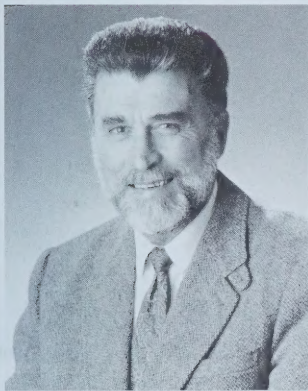
5. Number five, composed of the counties of Bruce, Dufferin, Grey, Huron and Simcoe, and the territorial districts of Muskoka and Parry Sound.

6. Number six, composed of the counties of Elgin, Essex, Kent, Lambton, and Middlesex.

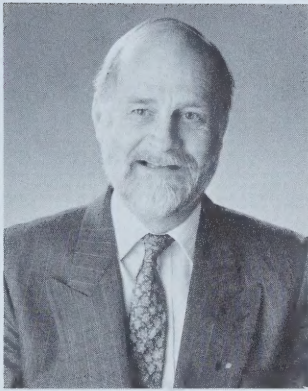
7. Number seven, composed of the counties of Brant, Oxford, Perth and Wellington, and the regional municipalities of Haldimand-Norfolk and Waterloo.

8. Number eight, composed of the regional municipalities of Halton, Hamilton-Wentworth, Niagara and Peel.

University Representatives



C.O. Munroe, B.Ch.D.
University of Toronto



I.D.F. Schofield, D.D.S.
University of Western Ontario

Official Dental Hygiene Observers



E.F. Jesin
Dental Hygienist
Official Observer

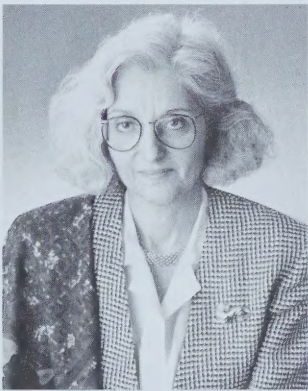


L.L. Mickelson
Dental Hygienist
Official Observer

Lieutenant Governor in Council Appointees



E.F. Chubb
Toronto



S.N. Gelberg
King City



M. Harding
Toronto

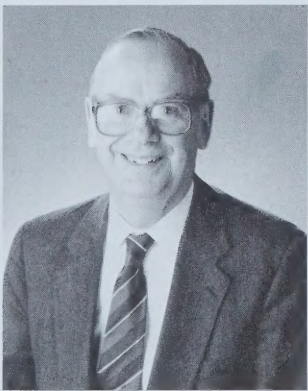
Dental Hygiene Districts

The Municipality of Metropolitan Toronto and The Regional Municipality of York.

Outside The Municipality of Metropolitan Toronto and The Regional Municipality of York.



D.A. Hordo
Toronto



R.J. Cowan
Toronto

Committees

President:*

Dr. R.M. Beyers

Vice-President:

Dr. R.T. Lang

Statutory Committees

Executive - Part "A":

Dr. R.M. Beyers (Chair)

Dr. G.P. Citrome

Dr. P.W. Dean

Ms. M. Harding

Dr. R.T. Lang

Ms. L.L. Mickelson

Executive - Part "B":

Dr. P.W. Dean (Chair)

Dr. R.M. Beyers

Dr. G.P. Citrome

Ms. M. Harding

Dr. R.T. Lang

Ms. L.L. Mickelson**

Complaints:

Dr. G.E. Pitkin (Chair)

Mrs. S.N. Gelberg

Dr. T. Gordon White

Mrs. E.F. Jesin**

Discipline:

Dr. I.D.F. Schofield (Chair)

Mrs. E.F. Chubb

Mrs. D.A. Hordo

Dr. R. T. Lang

Dr. E. Luks

Dr. C.O. Munroe

Dr. J.E. Stakiw

Dr. George C. White

Ms. L.L. Mickelson**

Registration:

Dr. E. Luks (Chair)

Dr. G.P. Citrome

Mr. R.J. Cowan

Ms. L.L. Mickelson**

Standing Committees

Continuing Competence:

Dr. C.O. Munroe (Chair)

Dr. R.M. Beyers*

Dr. P.W. Dean

Mrs. S.N. Gelberg

Mrs. E.F. Jesin

Dr. J.E. Stakiw

Dental Hygiene Matters:

Mrs. E.F. Jesin (Chair)

Dr. R.M. Beyers*

Mrs. E.F. Chubb

Mrs. L.L. Mickelson

Dr. T. Gordon White

Finance and Property:

Dr. R.T. Lang (Chair)

Dr. R.M. Beyers*

Dr. P.W. Dean

Mrs. D.A. Hordo

Mrs. E.F. Jesin

Dr. E. Luks

General Purpose:

Dr. G.P. Citrome (Chair)

Dr. R.M. Beyers*

Mr. R.J. Cowan

Mrs. E.F. Jesin

Dr. George C. White

Legal and Legislation:

Dr. T. Gordon White (Chair)

Dr. R.M. Beyers*

Dr. G.P. Citrome

Ms. M. Harding

Ms. L.L. Mickelson

Dr. G.E. Pitkin

Professional Liability Program

Dr. George C. White (Chair)

Dr. R.M. Beyers*

Mr. R.J. Cowan

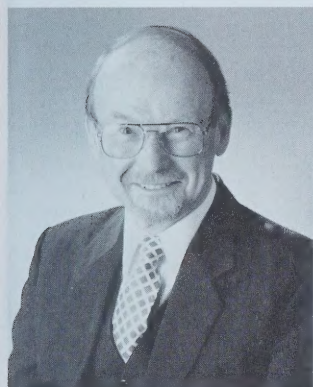
Mrs. E.F. Jesin

Dr. J.E. Stakiw

* The President is an *ex-officio* member on all Committees, with the exception of the following:

1. Complaints
2. Discipline
3. Registration

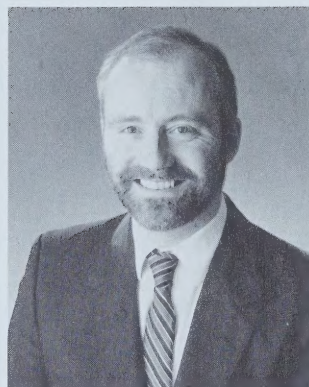
** May be invited to attend any meetings of the Committee where matters involving *Dental Hygiene* in general and/or a *Dental Hygienist* in particular are to be discussed.



R.L. Ellis, D.D.S.



M.H. Stein, D.D.S.



J.M. Gillespie, D.D.S.

Registrar

Minna H. Stein, D.D.S.

Deputy Registrar

James M. Gillespie, D.D.S.

Assistant Registrars

Robert T. Hindman, D.D.S.

Executive Assistant

Linda D. Strevens, B.Sc.D.

Director Administrative Services

David E. Carruthers, C.A.

Professional Liability Program Administrator

James M. MacMillan, LL.B.

Solicitors

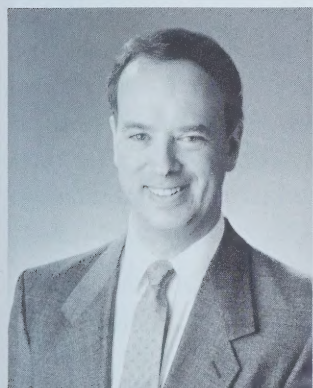
Shibley, Righton

Auditors

Peat Marwick Thorne

Bankers

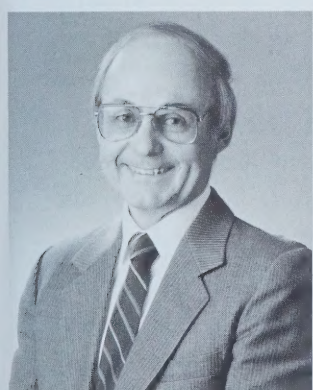
The Royal Bank of Canada



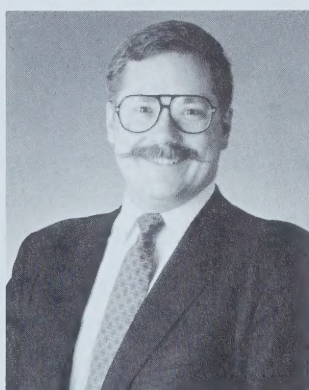
R.T. Hindman, D.D.S.



L.D. Strevens, B.Sc.D.



D.E. Carruthers, C.A.



J.M. MacMillan, LL.B.

Chair: R.M. Beyers

**Members: G.P. Citrome, P.W. Dean, M. Harding,
R.T. Lang, L.L. Mickelson**

Introduction

The Executive Committee of The Royal College of Dental Surgeons of Ontario is established in accordance with Part II of the *Health Disciplines Act*. Section 30 of the Act provides for the composition of the Committee as well as its duties. The Committee is called upon to perform such functions as are delegated to it by the Council and the by-laws and to act on matters that require immediate attention between meetings of the Council with the exception of making, amending or revoking regulations or by-laws.

The by-laws of the College divide the work and responsibilities of the Executive Committee into two basic categories:

1. the Executive Committee A which shall be responsible for matters bearing on the management and direction of the affairs of the College, and
2. the Executive Committee B which shall be responsible for matters bearing on issues having cognate relationships to complaints, discipline and regulations concerning professional misconduct.

A report of the activities of the Executive Committee B is provided separately in the pages of the 1991 Proceedings.

The following is a report of the major issues addressed by the Executive Committee A in 1991.



Dr. R.M. Beyers (Chair)

Regulated Health Professions Act

The *Regulated Health Professions Act*, and 21 associated professional Acts, received Royal Assent on November 25, 1991. Since then the College has focussed much attention on the development of regulations under the new Acts.

Subsequent to second reading of the Acts, the College was afforded the opportunity, in August 1991, of making a presentation to the Standing Committee on Social Development of the Legislative Assembly of Ontario. The College's comments were directed towards the *Regulated Health Professions Act*, the *Dentistry Act*, the *Denturism Act* and the *Dental Technology Act*. No comments were offered on the *Dental Hygiene Act*.

The College's presentation addressed twelve areas of concern, chief among them the controlled acts in terms of concept and relevance to dentists and denture therapists (denturists), and the powers of the Minister.

One of the important changes in the new legislation, to which the Executive Committee and Council gave much consideration, concerns the composition of the College's Council and its committees. The Council composition will form part of the *Dentistry Act* while the committee composition will be included in the regulations made under that Act.

The Council composition under the new legislation will be: 9 to 11 public members, 10 to 12 elected members, and 2 academic members. The College has not been successful with its recommendation that the Council comprise: 8 to 10 public members, 11 to 13 elected members, and 2 academic members.

At present, there exist four statutory committees: namely Executive, Complaints, Discipline and Registration. Under the new legislation, three further statutory committees will be added to the present four: Fitness to Practise, Patient Relations and Quality Assurance. With one exception, the Executive Committee was in agreement with the composition for these committees as proposed by the Ministry of Health.

In accordance with its mandate, the College has fully cooperated with the current and previous governments to assist in ensuring that the new legislation will protect the interests of the public in all respects.

Policy - Infected/Affected Dental Care Provider

The College has long recognized its responsibility in respect of the infected / affected dental care provider and decided to develop a policy, based on current scientific knowledge, that would protect the public while, at the same time, being fair and not unduly restrictive to the dental care provider involved.

In early 1991, the College agreed to delay the formulation of an appropriate policy until after a Canadian Dental Association organized conference on "The Impact of HIV and Other Infectious Agents on Oral Health Care" had been held in mid-April of that year.

Among the recommendations, which emanated from the conference, were:

1. that a practitioner should inform the licensing authority when a serious injury, dependency, infection or any other condition has either immediately affected, or may affect over time, his/her ability to practise safely and competently, and
2. that the licensing authorities and provincial associations ensure that mechanisms are in place not only to protect the public, but also to encourage members to report such incapacity.

Under the guidance of the Executive Committee, a comprehensive policy was subsequently developed, and adopted by Council, which provides for mechanisms to deal helpfully and compassionately with dental care providers who advise the College of their infection status or of a serious incapacity affecting their continuing ability to practise safely and competently.

The College's policy in respect of the infected/affected dental care provider has been published in the April 1992 issue of *Dispatch* together with detailed introductory commentary. Additional copies of the information can be obtained from the College.

The Deputy Registrar of the College, Dr. Minna Stein, was instrumental in the development of the College's policy. She will be pleased to assist, in strict confidence, anyone who seeks information and/or guidance in respect of issues related to the infected/affected dental care provider.

Certified Dental Assistants - Upgrading Program

Section 49 of Regulation 447 made under the *Health Disciplines Act* provides for specified acts in the practice of dentistry which may be performed under the supervision or direction of a member by a preventive dental assistant who has successfully completed the preventive dental assistants' program of a College of Applied Arts and Technology or other courses approved by the Council of the College.

Since 1978 no such program has been offered at Ontario Colleges of Applied Arts and Technology.

In 1990, the Council considered and approved courses of study in intra-oral functions offered in other Canadian jurisdictions such that persons who have successfully completed said courses will be recognized as preventive dental assistants in Ontario and, upon application, may be listed as such by the College.

In 1991, the Ontario Dental Nurses and Assistants Association developed and submitted to the College a detailed outline for a program to be offered in Ontario by the Association which program would instruct current certified dental assistants in the duties that may be legally performed by preventive dental assistants in order to qualify for recognition and listing in that capacity.

Protracted discussions were held by the Executive Committee and the College's Council in respect of the content of the program and its timing, the latter especially in consideration of the forthcoming new legislation.

Council gave approval to the program submitted by the Ontario Dental Nurses and Assistants Association in accordance with its authority under section 49 of Regulation 447.

Access to Dental Care

In its earlier discussions, the Council of the College had acknowledged that there existed a need to provide dental services through community health centres for residents in Ontario who do not or cannot otherwise access dental care. The Council was working towards a solution of providing dental services within these centres without the necessity of opening the existing regulations to permit dentists to be employed by community health centres.

Early in 1991 the Minister of Health indicated her preference for a regulation that would extend accessibility of dental services to more residents of Ontario through community health centres. She asked for the College's cooperation in finalizing such a regulation.

The Executive Committee considered it appropriate to have a regulation drafted for Council's consideration that would amend subsection 37(1) of Regulation 447 made under the *Health Disciplines Act* such as to permit dentists to be employed by a community health centre. Paragraph 2l(ii) of this subsection provides for dentists to engage in the practice of dentistry as an employee or agent of a municipal or other government, agency of a municipal or other government, a university or hospital. The new regulation adds the community health centre as qualifying for the employment of a dentist to those already specified in the foregoing paragraph. It also provides a detailed definition of a community health centre. Council approved the regulation and it was subsequently enacted by the Government of Ontario.

French Language Services

Section 82 of the *Regulated Health Professions Act* states that a person has the right to use French in all dealings with the College and that the Council shall take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College.

In October 1991, the Executive Committee met with a Ministry of Health representative for an initial discussion of the provision and its implementation.

In accordance with guidelines to be issued by the Ministry of Health, the College is to prepare next a French Language Services Implementation Plan for review and comment by the Ministry.

Open Council Meetings

The soon to be enacted *Regulated Health Professions Act* legislates that meetings of Council shall be open to the public with the exception of certain portions as described in the Act.

In the spirit of the forthcoming legislation and following the example of other health professional colleges in the province, the Executive Committee recommended, and the Council approved, that as of November 1991 meetings of Council be open to the public except for those sessions determined to be of an *in camera* nature.

Approximately 40 members of the public availed themselves of the opportunity of attending all or part of the November 1991 Council meeting.

RCDS Listing - Telephone Directories

In 1990 it was decided to list the name, address and telephone number of the College in the yellow pages of Ontario telephone directories to assist the public in contacting the College.

As a result of the College's application, a new section, headed "Dental Governing Bodies", has now been introduced within these directories and as of June 1991 the College is listed under this section.

Professional Advertising - Membership Designations

Concern has been expressed that the use of membership designations in professional advertising may be misleading to the public.

The College's Guidelines on Advertising have, therefore, been amended to read that members should avoid making reference to memberships in associations, academies and colleges and specifically avoid reference to being a member of The Royal College of Dental Surgeons of Ontario.

Registration of Businesses in the Service Sector

The *Business Names Act*, which came into effect in 1991, requires businesses in the service sector, including those carried on by professionals, to be registered. No registration is required where a person carries on business under his or her own name or where a partnership name consists entirely of the partners' names.

The Ministry of Consumer and Commercial Relations has issued a brochure entitled "Registering your Business Name in Ontario" which provides general information on the legislation. A copy of this brochure was forwarded to the members of the College in late 1991.

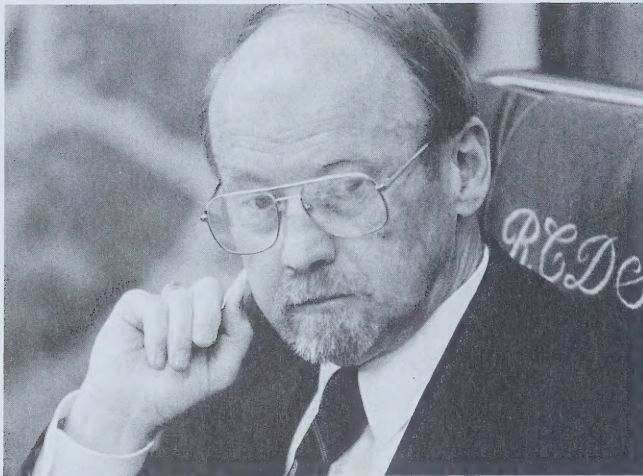
Professional Incorporation

Two members of the College, in conjunction with one physician, had made application 'for an Order declaring that their constitutional rights have been violated as a result of the *Business Corporations Act of Ontario* and the *Health Disciplines Act* which have the effect of prohibiting them from incorporating their respective professional practices'. It was previously reported that their application had not been successful and that they had instituted a formal appeal.

The Executive Committee learned that the three individuals have abandoned their appeal and the College subsequently accepted service of Notice of the Abandonment of the Appeal.

To enable them to incorporate, the individuals had challenged certain sections of Regulation 447 made under the *Health Disciplines Act* which are vital to several areas of the College's mandate and were not intended to prohibit incorporation.

The Council of the College is on record as supporting incorporation for dentists. However, neither the *Health Disciplines Act* nor the *Regulated Health Professions Act* in their present form allow for the drafting of a regulation to permit incorporation.



Dr. R.L. Ellis (Registrar)

Child Management Practices in the Dental Office

Efforts are continuing to develop a guideline document for the management of children in the dental office. During 1991, the College was assisted in its task by an expert ad hoc committee established under the auspices of the Ontario Society of Paediatric Dentists.

The recommendation to create guidelines on this important aspect had its genesis in the August 1990 issue of *Dispatch* which had addressed the subject of verbal and physical abuse of children in the dental office.

Amalgam Fillings

Resulting from a television program which had dealt with the views espoused by Dr. M. J. Vimy and others on the negative effects of amalgam fillings on a person's general health, the subject had become a matter of discussion and concern by members of the profession and the public. Contrary to Dr. Vimy's views, dental experts throughout the country are convinced that amalgam fillings have been used for many years with no detrimental effects.

To assist its members in responding to concerns of patients, the College published, in the March 1991 issue of *Dispatch*, comprehensive information on the subject, addressing ethical, legal and scientific aspects.

Education Licence Fee - Reduction

As of January 1991, the education licence fee equals that of a general licence. The only difference is that the education licence fee covers a twelve month period commencing with the first day of the holder's internship.

The Council had approved a regulation change to increase the education licence fee because the insurance policy held by the College now provides primary professional liability protection for members holding education licences.

On two separate occasions, the Executive Committee addressed a request from the Hospital Relations Committee of the University of Toronto for a reduction in the newly established fee. The Executive Committee concluded that (a) concerning the professional liability portion of the fee, no reduction could be considered, and (b) concerning the administrative portion of the fee, a refund could be considered on the basis of individual applications by dental interns who demonstrated financial hardship.

Dental Insurance

Acting on the general consensus expressed by Council in November 1990, the Executive Committee continued discussions on dental benefit plans and the College's possible involvement representing the public interest. While the College has no jurisdiction in respect of the dental benefit industry, the intent was to determine whether there existed the possibility of bringing the public interest perspective to the discussions on dental plan designs.

It has now been recognized that the College will likely not be able to influence the design of dental benefit plans other than indirectly through guidelines referable to clinical practice.

A more positive outcome of the discussions has been a clearer understanding on the part of the insurance industry of the College's role respecting enquiries and complaints, especially concerning the information the College expects to receive before acting on any enquiry or complaint which is primarily based on profiling.

Grant to Canadian Fund for Dental Education

The Canadian Fund for Dental Education is a national non-profit organization designed to secure funds for the promotion of good dental health through education, research and service.

Since 1970, the College has supported the programs of this Fund with an annual grant of \$1,000. The Executive Committee considered it appropriate to increase the College's grant to \$2,000 commencing in 1991.

The College's grant will continue to be credited to the "in memoriam" section of the Canadian Fund for Dental Education to honour the memory of Ontario dentists.

Employment of Dentist (Part-Time)

The Executive Committee considered the work-load and distribution of the professional arm of the College in relation to the current personnel assigned to carrying out the tasks falling to that area.

Special consideration was given to complaints investigations, section 40 investigations and office monitoring. Attached to complaints investigations is a legislative requirement that they be completed within a specified period of time.

The Executive Committee concluded that to increase the efficiency of the professional arm of the College, especially in the identified areas, the services of an additional dentist

would be required. Consequently, the employment of a dentist, licensed to practise in Ontario, on a part-time contractual basis was approved.

Dr. Fred Eckhaus joined the College in that capacity in April 1991 on a two day per week basis.

Council - Resignations, Elections and Appointments

In late 1991 and early 1992 three elected dentist members of Council, Drs. Eric Luks, George C. White and Gary E. Pitkin, tendered their resignations. In accordance with the provisions of section 24(2) of Regulation 447, the Executive Committee directed the Registrar to hold by-elections in Districts No. 2 and No. 4 respectively to fill the vacancies created by the resignations. The by-elections were held in early 1992 and resulted in the election to Council of Drs. James I.H. Fawcett (District #2), Marvin D. Klotz and Malcolm Yasny (District #4).

In November 1991, Mrs. Diana A. Hordo, a public representative on the College's Council, also tendered her resignation. Ms. Elaine Prescod has been appointed by the Lieutenant Governor-in-Council to fill the vacancy.

The above resignations resulted in changes to the membership of several of the College's committees. The Executive Committee effected the necessary appointments among which was the appointment of new Chairs for three committees. Dr. T. Gordon White was appointed as Chair of the Complaints Committee, Dr. George P. Citrome as Chair of the Registration Committee, and Dr. James E. Stakiw as Chair of the Professional Liability Program Committee.

Report of the Executive B Committee

Chair: P.W. Dean

**Members: R.M. Beyers, G.P. Citrome, M. Harding,
R.T. Lang, L.L. Mickelson***

The Executive Committee B deals with matters related to regulations concerning complaints, discipline, and professional misconduct.

The Committee met on several occasions throughout the calendar year to deal with the following areas:

1. prescribing excessive amounts of narcotic drugs to patients
2. self-medication
3. control over narcotic drugs kept in a dental office
4. concerns respecting infection control practices
5. failure to follow advertising guidelines
6. failure to maintain the standards of practice of the profession
7. charging for services not rendered
8. knowingly submitting false or misleading accounts or false or misleading charges for services rendered to a patient.

Advertising Guidelines

The Committee is pleased to report that most practitioners who exceeded the guidelines, voluntarily withdrew the offending advertisement or modified it to conform to the guidelines.



Dr. P.W. Dean (Chair)

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

Chair: G.E. Pitkin

Members: S.N. Gelberg, T.G. White, E.F. Jesin*

Introduction

In terms of both numbers of meetings and preparation time, the Complaints Committee has traditionally been one of the busiest Committees of Council.

Fortunately, the burden of Committee work is lightened to a considerable degree by the College staff who are able to address a large number of public concerns received by telephone. The vast majority of public concerns dealt with in this fashion are resolved with the callers feeling that it is unnecessary to proceed with a formal written complaint.

In addition, the efforts of the Local Dental Society Mediations Committees further reduce the workload of the Complaints Committee. However, several complaints appearing before the Complaints Committee have already been vetted through the mediations process.

Statistical Reporting

Before moving on to the statistical component of the report, a few qualifying remarks are in order. The traditional role of the *Proceedings* is to bring the membership up-to-date on Committee activities over the past year. Unfortunately, it is often difficult to draw inferences from these statistics due to the complex nature of the complaints process.

The process often entails a review by the Health Disciplines Board, which is part of the provincial government and not part of the College. Upon receipt of the decision of the Complaints Committee, the parties to a complaint have a period of twenty days in which to decide whether or not to request a review by the Health Disciplines Board. It is not unusual for a delay of six months to one year to precede the Health Disciplines Board review. Thus, some of the Health Disciplines Board statistics relate to complaints arising during previous years.



Dr. G.E. Pitkin (Chair)

Complaints Committee Activity Report

1. Number of written complaints received January to December, 1991 - 215
2. Number of written complaints resolved before entering formal investigation process - 62.
3. Number of written complaints received January to December 1991 which entered formal investigation process - 153
4. Number of meetings from January to December 1991 - 15
5. Number of interviews: dentists - 47; complainants - 13
6. Number of other cases discussed at meetings - 186
7. Number of decisions issued between January and December 1991 - 67
8. Number of dentists referred to the Discipline Committee - 11
9. Number of dentists referred to the Discipline Committee with respect to one complaint each - 9
10. Number of dentists referred to the Discipline Committee with respect to two complaints each - 2

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.



S.N. Gelberg (Public Representative)

Health Disciplines Board Activity

24 decisions were appealed to the Health Disciplines Board from January to December 1991. Review meeting dates for ten (10) of these have been scheduled by the Health Disciplines Board but, no dates have been scheduled for the remaining 14. The Health Disciplines Board has confirmed 21 Complaints Committee decisions while returning five to the College with instructions to issue new decisions.

Complaints by Area of Dentistry

A considerable number of complaints involve several areas of dentistry. The following table contains a summary of the major areas of dentistry involved in complaints during 1991.

Area	Number of Complaints
Endodontics	29
Periodontics	13
Oral Surgery	31
Prosthodontics Fixed	25
Prosthodontics Removable	13
Orthodontics	16
Paedodontics	3
Public Health	2
Oral Pathology	1
General dentistry•	20
Total	153

• Examinations, restorations, verbal or physical abuse, falsifying claims or records, fees - pursuing accounts, unprofessional conduct, etc.

Report of the Discipline Committee

Chair: I.D.F. Schofield

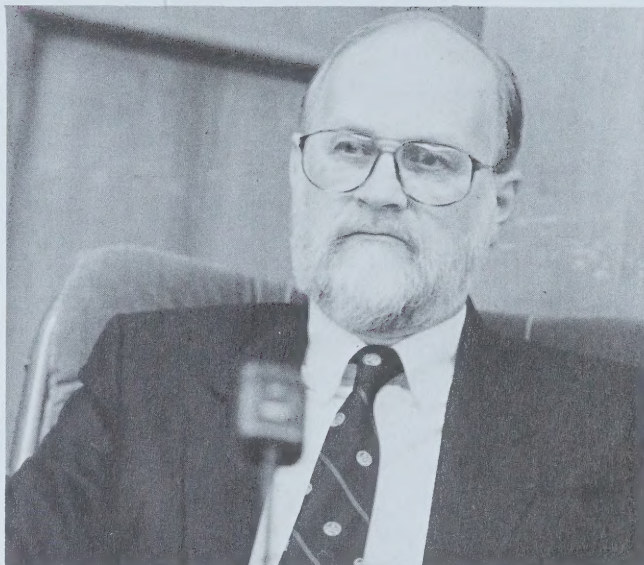
**Members: E.F. Chubb, D.A. Hordo (until November 15, 1991),
R.T. Lang, E. Luks (until November 22, 1991), C.O. Munroe,
J.E. Stakiw, G.C. White (until December 19, 1991),
L.L. Mickelson***

The Discipline Committee dealt with and reported on 16 cases in the 1991 issues of *Dispatch*. Of these cases, 11 members were found guilty of professional misconduct. In the remaining five cases, the members were found not guilty or the charges were withdrawn at the request of the College. Details pertaining to these 16 cases can be found in the March, May, August, and December issues of *Dispatch*.

The Committee continues to deal with issues referred to it by the Health Disciplines Board and the College, through its Executive and Complaints Committees.

The discipline hearings have two separate components. One component deals with guilt or innocence of the member with respect to the allegations in the Notice of Charge, and the other deals with penalty. The latter component commences only if guilt is established by the evidence and the facts are ascertained from the evidence.

The purpose of penalty is one of deterrent for the member and the profession in order to protect the public. The second consideration is rehabilitation for the benefit of both the member and the public.



Dr. I.D.F. Schofield (Chair)



E.F. Chubb (Public Representative)

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

This year the Committee has reduced the number of multiple day hearings because of the excellent documentation and presentation of the evidence by the College. These facts, together with the panel's ability to waste no time in shifting the facts as they apply to the allegations, has saved the College and its members monies.

The discipline panel continues to use outside legal opinions in cases where there is disagreement between counsel in respect of an interpretation of the law. It works successfully and quickly to settle the occasional differences that spring from counsel.

The discipline manual that was prepared by Dr. Minna Stein and the College lawyers has proven to be a boon to the new Chair and the new members of the Committee. It is an excellent organizational document and the present Chair is indebted to all those who are responsible for its conception.

This has been a transitional year for the new Chair, one in which resignations from Council left panels lacking in members. The Chair wishes to thank the other members who had to take up the slack with extra duty.

Proclamation of the new *Regulated Health Professions Act* will ensure an open disciplinary system as well as containing more public representation and additional professional representation on the Committee. The base of experience will broaden by including on the discipline panels members of the College who are not members of Council.



Dr. J.E. Stakiw

Lastly, members of this College can be satisfied that the efficient and dedicated work of the full-time members of the College staff, the cooperation of the legal profession in the interest of justice, and the dedication and alertness of the discipline panels have brought decisions acceptable to both parties and reduced the number of long term hearings.

Chair: E. Luks (until November 22, 1991)

Members: G.P. Citrome, R.J. Cowan, L.L. Mickelson*

The Registrar authorizes applications for licensure from candidates who meet all the regulatory requirements. In total, 286 licences were issued for general practice in which all requirements were fulfilled. The following is a summary outlining the categories of licences issued:

Licences Issued	Total: 286
University of Toronto Graduates (80 - 1991 graduates)	Total: 97
University of Western Ontario Graduates (35 - 1991 graduates)	Total: 38
Canadian Graduates (National Dental Examining Board (NDEB))	Total: 49
United States' Graduates NDEB 5 Registration Committee 39	Total: 44
Foreign Graduates NDEB 35 Registration Committee 3	Total: 38
Academic	Total: 1
Education	Total: 19



Dr. E. Luks (Chair)

There were also 32 specialty certificates granted as per the following specialties:

Endodontics

Lyon William Hamburg, Martin Morris Katzman, Moise Edwin Levy, Joseph Stanley Rubner, Joseph Lie Tam

Oral and Maxillofacial Surgery

Harold Richard Biewald, Joseph James Friedlich, Carl David Hoffman, Louie L.J. Masse

The RCDS wishes to thank the following consultants for their help in reviewing applications, and assisting the Registration Committee in assessing qualifications:

Specialty	Appointed by RCDS	Appointed by Specialty Group
Dental Public Health	Dr. P. Main	Dr. B. Williams
Endodontics	Dr. J.K. Hunter	Dr. W.H. Pulver
Oral Pathology	Dr. D. Mock	Dr. T.D. Daley
Oral Radiology	Dr. G.C. Stirling	Dr. S.M. Fireman
Oral & Maxillofacial Surgery	Dr. H.M. Amos	Dr. G. Papsin
Orthodontics	Dr. W.D. Beaton	Dr. R.G. Bozek
Paedodontics	Dr. D.A. King	Dr. F. Pulver
Periodontics	Dr. B.E. Reed	Dr. R. Turnbull
Prosthodontics	Dr. P.A. Watson	Dr. B.L. Pedlar

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

Oral Radiology

Richard Neil Bohay, Martin Joseph Bourgeois

Orthodontics

William Dayan, Huy Dinh Nguyen, Norm Hubert Riekenbrauck, William A. Ring, Michael Wayne Sherman, Howard Alan Steiman, David Arthur Zysik

Paediatric Dentistry

Claudia M. Grail, Dennis Krmec, R. Gordon Payne, Daniel Walter Semenuk, Cheng-Jin Tsai

Periodontics

Theresa Adele Bankey, Dorian Asher Hatchuel, Daniel Nathan Indech, Gianfranco G. Romanelli

Prosthodontics

Robert Patrick Drouin, Robert V. Elia, Howard Frederick Klaiman, Helmut Werner Ragnitz

Dental Public Health

Kenneth Bryan Musselman

General Practice Licensing Requirements

In November of 1990, the Council of the College affirmed its commitment to the principle of "universal examinations". That is, in the future, all dentists applying for licensure to practice dentistry in Ontario will be required to sit a universal examination irrespective of the school of graduation.

Throughout 1991, the Registration Committee held several meetings to discuss the details of the newly proposed universal licensing examinations. Consultations have been held with representatives of the National Dental Examining Board and representatives of the two Ontario Faculties of Dentistry.

In May of 1991, members of the Registration Committee and the Deputy Registrar of the College participated as observers at the NDEB examinations in London, Ontario where a great deal of information about the actual examination process was gleaned. In addition, representatives of the College were active participants at the "Conference on the Certification of Dentists in Canada" held in Quebec City in August of 1991. Emerging from that conference was a consensus which among many other things suggested that the licensing authorities review their participation on, and communication with the National Dental Examining Board. It was also suggested that the NDEB review its current examination format with a view of decreasing its length, increasing its accessibility, and reducing the cost of the examination to candidates. True to the spirit of this conference, the Registration Committee has taken the initiative to work closely with the NDEB so that the examinations that are envisaged for dentists wishing to practice in Ontario may incorporate part, or all of a newly remodelled NDEB examination, thus maintaining the NDEB examination and certificate as the viable national requirement, ensuring portability to certified dentists across Canada.

Concurrent to the universal examination issue, the Registration Committee is being faced with an unusually high number of Canadian dentists who have recently graduated from universities in the United States and would like to return to Ontario. Many of these dentists had been unsuccessful in the comprehensive NDEB examinations. The Registration Committee found it difficult to comprehend why the failure rate was as high as it seemed to be; in view of the fact that the educational process in both Canada and the United States enjoy reciprocity granted by the American Dental Association and/or Canadian Dental Association Accreditation Reciprocity Agreement.

Although the introduction of the universal examination process may effectively eliminate the real and perceived inequalities of granting a license to practice dentistry in Ontario, implementation of this new process will at least have to wait until a regulation can be enacted under the new *Regulated Health Professions Act*. The Act will however, not be proclaimed until early 1993. To deal with the immediate and pressing problem of the aforementioned recent Canadian graduates returning to Ontario, the Registration Committee since February of 1991 has, as an interim measure and on an individual basis, waived the requirement for an NDEB certificate for graduates from U.S. schools and who have met all of the following criteria:

1. the candidate must be a Canadian citizen or must possess Canadian landed immigrant status;
2. the candidate must have graduated from an accredited ADA/CDA U.S. school of dentistry;
3. the candidate must have successfully completed the American National Board of Dental Examiners written examinations;
4. the candidate must have successfully completed an American Regional or State Board Licensure examination that features a clinical component on patients.

It should be noted that those individuals granted a licence through the waiving of the NDEB certificate as a requirement, are limited to practice in Ontario and thus cannot enjoy the portability option that the NDEB certificate affords.

Report of the Continuing Competence Committee

Chair: C.O. Munroe

**Members: R.M. Beyers (ex-officio), P.W. Dean,
S.N. Gelberg, E.F. Jesin, J.E. Stakiw**

Mandatory Continuing Education and Quality Assurance

Council at its meeting of November, 1990 passed recommendations supporting the concept of Mandatory Continuing Dental Education and directed the Continuing Competence Committee to study the administration of such a program.

Shortly afterwards, it became apparent that the proposed Act respecting the regulation of Health Professions and other matters concerning the Health Professions (Bill 43) would have its first reading during early 1991 and proceed to Royal Assent by the end of 1991.

The Committee examined the mandate of the proposed legislation with its emphasis on Quality Assurance as well as the direction of Council to study the administration of a Mandatory Continuing Dental Education program.

During the course of the past year, the Committee collected and examined material relating to Continuing Education as well as Quality Assurance programs from most of the United States as well as all the Provinces of Canada. Programs in the allied health sciences were also assessed. Although considerable variation in detail was found to exist between states and also between provinces, a general consensus as to the need for mandatory continuing education was found to exist.

Several models were then considered and in particular, the one already in use for fifteen years in the Province of British Columbia. The principles that have been successfully applied in that province were adapted by the Committee to the needs of Ontario and will be presented to Council for approval in May, 1992. This program is based on the principle of accumulating a minimum number of credit-hours of continuing education over a three-year period.

Increasing emphasis on quality control was also encountered in this preparatory stage of the Committee's work. Programs that have been examined so far, include the models in place in the province of Quebec, the State of North Carolina and the College of Physicians and Surgeons of Ontario. The submission for presentation to Council has not yet been finalized.



Dr. C.O. Munroe (Chair)

Guidelines for Clinical Practice

The Committee continued to give attention to the concept of developing "Guidelines for the Clinical Practice of Dentistry" following the preparatory work of the previous committee and the Workshop on Quality Assurance held in the preceding year. While concentrating on the above concepts of Mandatory Continuing Dental Education and Quality Assurance, the collection of material for the "guidelines" has advanced and is currently awaiting a decision whether to proceed alone or in conjunction with a collaborative effort of all the provinces in developing a national rather than just a provincial program.

Continuing Education Survey

In its initial work on Mandatory Continuing Dental Education, the Committee felt the need to establish a base of information on the current continuing education practices of the profession in Ontario. This was felt to be a useful tool in establishing current needs and utilization with a view to comparisons with later years after the institution of the programs. The survey is now complete and will be mailed to the profession in the near future and subsequently assessed in a strictly confidential manner by a professional consulting company.

Report of the Dental Hygiene Matters Committee

Chair: E.F. Jesin

**Members: R.M. Beyers (ex-officio), E.F. Chubb,
L.L. Mickelson, T.G. White**

Introduction

The Dental Hygiene Matters Committee (DHMC) and the dental hygienists in the province of Ontario have witnessed the *Regulated Health Professions Act* (RHPA) receiving first, second and third readings as well as Royal Assent in 1991. It is the result of many years of intensive consultation and planning. The new legislation will provide choices for the consumers and at the same time, dental hygienists will be recognized for their contributions as health professionals. The interest of the public will be well protected in this model of self-governance by increasing the public membership to just one under half of all Council members. The scope of practice of dental hygiene has been defined in the *Dental Hygiene Act* as "the assessment of teeth and adjacent tissues and treatment by preventive and orthodontic procedures and services." This is a very general, non-restricting definition leaving it to the future College of Dental Hygienists to impose limitations. In the course of engaging in the practice of dental hygiene, a member is authorized, subject to the terms, conditions, and limitations imposed on his or her certificate of registration, to perform the following:

1. Scaling teeth and root planing including curetting surrounding tissue.
2. Orthodontic and restorative procedures.



E.F. Jesin (Chair)

In the summer of 1991, many interested groups provided presentations to the Standing Committee on Social Development to express their concerns. The Royal College of Dental Surgeons of Ontario chose not to make a presentation on dental hygiene.

Ontario dentists and dental hygienists are committed to providing quality dental care to the residents of the province. Better protection and more choice in health care are the main focus of the RHPA. This will require collegiality and mutual respect between the dentists and the dental hygienists of Ontario to reduce the potential conflict that may exist as dental hygiene reaches the recognition of a true self-regulating profession.

Special Levy Administered to Dental Hygienists for the College of Dental Hygienists

A special levy of \$40. has been levied to the annual dental hygiene licence fee since 1989. The income from this special levy has been invested in a trust fund for the future College of Dental Hygienists. The DHMC recommended to Council and Council approved that the levy be continued for 1992. Hence, there currently exists sufficient funds for the College of Dental Hygienists to be established with a solid financial footing.

The Task Force on Dental Hygiene Regulation

The Task Force on Dental Hygiene Regulation is a sub-committee of the DHMC and the members of this committee are representatives from both the RCDS and the Ontario Dental Hygienists' Association (ODHA). Under the direction of Ms. Mickelson as Chair, the Task Force has outlined the working principles for the new dental hygiene regulations which will serve as essential background material for the newly-to-be established Transitional Council of the College of Dental Hygienists under the RHPA. In addition, the Task Force has proposed to inform and educate the dental hygienists in the province about self-regulation and Council supported this initiative.

Human Resource Survey

The General Purpose Committee conducted a human resource survey of dental hygienists in Ontario. The DHMC had the opportunity to review the raw data and based on the information that was received, the Committee was of the view that no conclusion could be drawn as to whether or not there was a true shortage of dental hygienists in Ontario.

Human Resources – Statistical Data 1990-1991

Using the RCDS statistical data outlining the number of dentists to dental hygienists per district, a comparison of



L.L. Mickelson (Chair, Task Force on Dental Hygiene Regulation)

information between the years 1990 and 1991 was analyzed as contained in Table A. The DHMC reviewed the information that the provincial ratio of dentists to dental hygienists in 1990 was 1.51 dentists to 1 dental hygienist and in 1991, 1.43 dentists to 1 dental hygienist. Perhaps the current recession and economic climate is having a negative impact on dental hygienists seeking employment as many dental hygienists have corresponded with the College about experiencing difficulty in securing dental hygiene positions.

Licensing Examinations

The Committee received and approved the report of the Chief Examiners for the dental hygiene licensing examinations. Ms. Suzanne Knox has joined the team of dental examiners based on her dental hygiene experience, her clinical teaching background and her fluency in both English and French. The results of the 1991 dental hygiene licensing examinations are contained in Tables B and C. Of the 372 candidates participating in the 1991 licensing examinations, 349 successfully met the licensing requirements.

Assessment of Qualifications

The Committee reviewed qualifications of dental hygienists who were graduates of non-accredited and non-approved dental hygiene programs and who requested to sit the dental hygiene licensing examination. Once the documentation is thoroughly reviewed by the Committee and validated, the request for eligibility to sit the dental hygiene licensing examination is granted.

Niagara College of Applied Arts and Technology - Reinstatement of the Dental Hygiene Program

The Chair extended the Committee's support for the reinstatement of the dental hygiene program at Niagara College. The Committee also learned that the enrollment quota was set at 44 full-time students, and hence there will be an increase in dental hygiene services available to the Niagara Peninsula and surrounding areas. The proposed new curriculum of 40 weeks instead of 35 will provide the dental hygiene students with a more comprehensive course to meet the changing needs of Ontario's population.

Canadian Dental Association Joint Presentation to the Ontario Ministry of Colleges and Universities

The Canadian Dental Association (CDA), the accrediting body for dental and dental hygiene programs, is concerned about the present dental hygiene and dental assisting curricula at the Colleges of Applied Arts and Technology in Ontario. The CDA is prepared on behalf of the RCDS, the ODHA and the Ontario Dental Nurses & Assistants Association (ODN & AA) to draft a submission for presentation to the Ministry of Colleges and Universities about changes to both courses of study. The submission, which will require approval in principle from each of the previously mentioned organizations, will describe various alternatives to the present Ontario system.

Ontario Preventive Dental Assisting Program

At the Executive Committee A meeting of October 4, 1991, and the subsequent Council meeting in November, 1991, the Ontario Dental Nurses' and Assistants' Association presented a proposal for approval to offer a preventive dental assisting program to Ontario certified dental assistants and further, to request that graduates of this program be listed with the RCDS as preventive dental assistants under section 49 of O.Reg. 447. The Dental Hygiene Matters Committee took exception to this proposal as presented. Three avenues were highlighted - public interest, education and employment resources. Considerable debate ensued at Council and finally the motion narrowly passed.

Table A - Number of Dentists to Dental Hygienists Per District

	1990		1991		Increase in Registrants	
	DDS	DH	DDS	DH	DDS	DH
District 1	618	428	630	486	+12	+58
District 2	341	338	349	361	+8	+23
District 3	333	299	348	318	+15	+19
District 4	2189	1013	2287	1076	+98	+63
District 5	232	202	244	245	+12	+43
District 6	560	369	568	391	+8	+22
District 7	384	279	390	311	+6	+32
District 8	976	729	998	782	+22	+53
	5633	3657	5814	3970	+181	+313

Table B - Dental Hygiene Licensing Examination Results
Initial - 1991

College	Number of Candidates	Clinical		Written	
		Pass	Fail	Pass	Fail
Algonquin (ENGLISH) (Ottawa)	38	36	2	Exempt	
Cambrian (BILINGUAL) (Sudbury) (ENGLISH)	20	14	6	10	10
Canadore (North Bay)	22	19	3	Exempt	
Confederation (Thunder Bay)	17	16	1	Exempt	
	15	12	3	Exempt	
Durham (Oshawa)	21	17	4	Exempt	
Fanshawe (London)	16	14	2	Exempt	
George Brown (Toronto)	39	32	7	Exempt	
Georgian (Orillia)	11	8	3	Exempt	
La Cite (Ottawa)	11	10	1	6	5
Seneca (Toronto)	18	12	6	Exempt	
St. Clair (Windsor)	30	30	–	Exempt	
Total (Ontario)	258	220	38	16	15
Out-of-Province	114	79	35	90	21
(3 CFDSS exempt)					



Dental Hygiene Licensing Examinations

Table C - Dental Hygiene Licensing Examination Results
Supplemental - 1991

College	Number of Candidates			Clinical	Number of Candidates		Written		Written 2nd Supp.	
		(Clinical)	Pass		Fail	(Written)	Pass	Fail	Pass	Fail
Algonquin (Ottawa)	(ENGLISH)	2	2	0			Exempt			
Cambrian (Sudbury)	(BILINGUAL)	6	4	2	10	7	3		3	0
	(ENGLISH)	3	2	1			Exempt			
Canadore (North Bay)		1	1	0			Exempt			
Confederation (Thunder Bay)		3	0	3			Exempt			
Durham (Oshawa)		4	4	0			Exempt			
Fanshawe (London)		2	2	0			Exempt			
George Brown (Toronto)		7	5	2			Exempt			
Georgian (Orillia)		3	3	0			Exempt			
La Cite		1	1	0	5	4	1		1	0
Seneca (Toronto)		6	6	0			Exempt			
St. Clair (Windsor)		0	0	0			Exempt			
Total (Ontario)		38	30	8	15	11	4		4	0
Out-of-Province		34	21	13	19	15	4		2	0

Total Number of Successful Candidates: of 372 Candidates, 349 met the 1991 Licensing Requirements

Report of the Finance and Property Committee

Chair: R.T. Lang

**Members: R.M. Beyers (ex-officio), P.W. Dean,
D.A. Hordo (until November 15, 1991), E.F. Jesin,
E. Luks (until November 22, 1991)**

Finance

The Committee met to set a provisional 1992 budget for presentation to Council at its April 1991 meeting. A final 1992 budget (which follows) was submitted by the Committee and approved by Council at its November 1991 meeting.

Other matters dealt with by the Committee included:

1. Developing draft terms of reference for an audit committee in conjunction with a recommendation to Council to establish such a committee to report separately to Council.
2. Receiving a report from the Director Administrative Services on progress in upgrading computer systems as approved by Council in November 1990.
3. Considering revisions to the basis of compensating dentist members of Council.
4. Reviewing financing needs of the College until disposal of surplus property holdings.
5. Revising guidelines for contracting with outside suppliers of goods and services for further approval by Council.
6. Reviewing investment performance of the employee pension fund and proposing a change in fund manager to Council.

Property

As reported in last year's Proceedings, on December 31, 1990 the RCDS purchased a property at 6 Crescent Road, Toronto to be its new headquarters. Early in 1991, the commercial real estate brokerage firm of J.J. Barnicke Limited was engaged to market its previous headquarters property at 230 St. George Street, Toronto as well as the adjacent property at 234 St. George which was acquired in 1990 from the ODA.

Despite rapid decline in the Toronto real estate market during 1991, one offer was received to purchase 234 St. George Street and one for both properties. For a variety of reasons, the offer for both properties was not acceptable to the ad hoc group



Dr. R.T. Lang (Chair)

established to consider offers and the offer for 234 St. George Street was conditional. This latter offer was accepted but, at the time of writing, it does not appear that the condition will be removed by the prospective purchaser and, therefore, the offer is expected to lapse in early 1992. Interest in both properties continues at a high level into 1992.

During the spring and summer months of 1991 space planning and renovations were carried out for the new headquarters with the move from St. George Street taking place on the weekend of October 19th. As part of the arrangements to purchase this property, most of the space surplus to RCDS needs at 6 Crescent Road was leased to the vendor until June 30, 1992.

After the RCDS settled into its new premises, the Finance & Property Committee accelerated its promotion of surplus space to other potential users and, in particular, other health professional organizations.

Although the market to lease space was as depressed in 1991 as the market for selling property, the RCDS has, nonetheless, received expressions of interest to be located at 6 Crescent Road. These expressions of interest will be aggressively pursued in 1992 as will other actions to lease and sell space and property surplus to the College's needs.

General Fund

Revenue		Actual 1990	Actual 1991	Budget 1991	Budget 1992
A	Fees & Registrations - Dentists	\$ 5,847,330	6,426,095	6,240,200	6,941,800
	Less PLP Premium	(3,540,414)	(3,703,460)	(3,627,000)	(3,867,500)
	Less New Building Portion	(232,723)	(328,515)	(321,800)	(357,000)
		2,074,202	2,394,120	2,291,400	2,171,300
B	Fees & Registrations - Hygienists	608,900	696,126	657,000	740,000
	Less College Fund	(154,600)	(168,220)	(160,000)	(168,000)
C	Dental Hygienists Exam & Assessment Fees	94,025	126,800	80,000	121,000
D	Interest	220,690	105,851	100,000	3,000
E	Sundry	30,945	41,049	20,000	35,000
F	Admin. Charge - PLP	329,668	447,400	432,400	452,700
		3,203,830	3,643,126	3,420,800	3,901,000
Expenses					
G	Salaries & Benefits	1,330,677	1,560,031	1,483,200	1,632,500
H	Postage & Courier	113,828	121,805	128,500	128,500
I	Printing, Stationery, Supplies	219,560	192,861	190,000	170,000
J	Telephone	24,371	32,297	25,000	27,000
K	Equipment	94,303	256,112	165,000	150,000
L	Property	123,499	220,338	287,900	230,700
M	Staff Travel & Development	69,809	86,923	75,000	80,000
N	Hygienist Examinations	115,509	119,338	115,000	121,000
O	Council Fees	244,922	285,840	301,600	290,000
P	Continuing Education & Competence	67,565	50,363	90,000	90,000
Q	Professional Fees:				
	Legal	347,061	350,253	300,000	330,000
	Audit	13,500	17,454	15,000	21,000
	Consultants	35,000	74,156	35,000	45,000
R	Witness & Court Report Fees	4,270	9,755	10,000	10,000
S	Council Insurance	3,004	3,004	3,500	3,500
T	Council & Committee Expenses	104,041	121,751	106,400	108,000
U	Grants	121,941	124,525	115,200	126,700
V	Admin. Expenses	68,807	68,083	121,500	125,000
W	Contingency Fund	0	0	50,000	50,000
X	Expenses Recovery - Prior Years	(224,244)	0	0	0
		2,877,423	3,694,939	3,617,800	3,738,900
Surplus (Deficit)		\$ 326,407	(51,813)	(197,000)	162,100

Details of General Fund Budget for 1992

Revenue

A	Dentists 5,950 @ \$1165.00	\$ 6,931,800
	Dentists Registration 100 @ \$100	10,000
	Less portion to PLP	(3,867,500)
	Less portion to Building Fund	(357,000)
		2,717,300
B	Hygienists 4,200 @ \$175.00	\$ 735,000
	Hygiene Registration 200 @ \$25	5,000
	Less Special Levy @ \$40 (College of Dental Hygienists)	(168,000)
		572,000
C	Dental Hygienists Examinations & Assessment	121,000
	Income from exams	
D	Interest Income	3,000
	Cash & Investment balances and interest rates substantially reduced	
E	Sundry	
	Late payment penalties and sales of directory of members	35,000
F	Professional Liability Program	
	Administration Charge	452,700
	Details:	
	Salaries & Benefits	\$ 346,000
	Telephone	9,000
	Mail, Courier, Printing, Supplies	24,000
	Furniture & Equipment	5,000
	Facsimile Usage	15,000
	Professional Fees	41,000
	Travel	8,000
	Library	1,200
	Other	3,500

Expenses

G	Salary & Benefits	\$ 1,632,500
	Includes basic 5% increase and allowance for part time claims examiner and part-time archivist	
H	Postage & Courier	128,500
	No change	
I	Printing Stationery & Supplies	170,000
	Slight increase for inflation	

J	Telephone	\$ 27,000
	Marginal increase over 1991 Budget	
K	Equipment	150,000
	Includes computer systems and equipment	\$ 40,000
	Computer fax and photocopier maintenance	45,000
	Furniture for 3rd. floor	25,000
	Purchase of label affixer	15,000
	Plus allowance for various other	25,000
L	Property	\$ 350,000
	28000 sq.ft. @ \$12.50 per sq. ft.	
M	Staff Travel & Training	80,000
	Nominal increase over 1991 Budget	
N	Hygienists Examinations	
	440 students @ \$275	121,000
O	Council Fees	290,000
	Slight reduction from 1991 budget	
P	Continuing Education & Competence	90,000
	Continuing Ed programs	\$ 60,000
	Other Continuing Competence activity	30,000
Q	Professional Fees	\$ 396,000
	Legal	330,000
	Audit	21,000
	Consultants	45,000
	Some overall reduction in professional fees is anticipated	
R	Witness & Court Reporter Fees	10,000
	• Budget - same as last year	
S	Council Insurance	3,500
	No change	
T	Council & Committee Expenses	108,000
	Nominal increase over 1991 budget	
U	Grants	126,700
	This includes \$20 per member for CDA (same as prior year)	
V	Administration Expense	125,000
	This amount includes about \$60,000 for G.S.T.	
W	Contingency Provision	50,000
X	Expense Recovery	
	Not applicable in 1992	nil

Property Breakdown

	Actual 1990	Actual 1991	Budget 1991	Budget 1992
Caretaking	\$ 9,000	20,876	40,000	59,200
Insurance	5,570	10,630	10,000	9,800
Taxes	18,636	208,433	208,000	121,600
Renovations	0	0	50,000	5,000
Utilities	13,643	91,504	100,000	120,900
Laundry	509	575	600	600
Window Cleaning	909	4,165	5,000	6,200
Gardening & Snow Removal	1,484	3,521	5,000	6,200
Fire Prevention	217	312	1,500	1,500
Cleaning Supplies	4,141	4,398	4,000	3,600
Maintenance & Repairs	5,513	45,335	45,000	34,200
Contingencies & Other	72,775	3,989	12,800	14,000
Sub Total	132,399	393,738	481,900	382,800
Less: Rent Recoveries	(8,900)	(173,400)	(194,000)	(152,100)
Total	123,499	220,338	287,900	230,700

Grants

Can. Dental Assoc.	111,800	114,000	106,200	114,000
Can. Fund - Dent. Educ.	1,000	2,000	1,000	1,000
U. of T.:				
RCDS Scholsp. Sc.	250	350	500	350
Wilmott Scholsp.	1,000	1,000	750	1,000
Dean's Discret Fd.	750	750	750	750
Faculty Conting.	1,000	1,000	1,000	1,000
Dental Research	1,000	1,000	1,000	1,000
U.W.O.:				
RCDS Award in Sci.	250	350	500	350
RCDS Scholarship	1,000	1,000	750	1,000
Dean's Discret. Fd.	750	750	750	750
Fac. Contingency	1,000	1,000	1,000	1,000
Fac. Dent. Res.	1,000	1,000	1,000	1,000
Miscellaneous	1,141	325	0	3,500
Total	121,941	124,525	115,200	126,700

Final 1992 Budget – Building Fund

Revenue	Actual 1990	Actual 1991	Budget 1991	Budget 1992
A Members' Assessments	\$ 232,723	328,515	321,800	357,000
B Rental Income	0	220,230	231,500	188,300
C Interest	64,067	37,938	45,000	30,000
	296,790	586,683	598,300	575,300
Expenses				
D Legal Fees and Other	168,397	0	0	23,400
E Interest Expense	97,659	556,948	590,400	560,400
	266,056	556,948	590,400	583,800
Surplus (Deficit)	\$ 30,734	29,735	7,900	(8,500)

Details of Building Fund Budget for 1992

Revenue	
A Dentists 5,950 @ \$60.00	\$ 357,000
B Rental Income:	
Met Trust to June 30/92, PLP for whole year, new tenant for one floor from July 1 to December 31/92	188,300
C Interest on \$1.5 million at 8% for 8 months	30,000
D Legal and Other	23,400
Prior year St. George Street properties development costs written off	
E Interest	\$ 560,400
On a \$3.2 million mortgage on 6 Crescent Road and \$2 million PLP Fund advance	

Chair: G.P. Citrome

Members: R.M. Beyers (ex-officio), R.J. Cowan, E.F. Jesin, G.C. White (until December 19, 1991)

Dental Assisting Employment Needs Survey

At the November 1990 meeting of Council, the General Purpose Committee was charged with the task of conducting a survey to determine the employment need for dental assistants in Ontario. The questionnaire was mailed during the months of August and September of 1991 to all dentists in Ontario. Approximately 1,800 responses to the survey were received, representing a 31% return rate. The results of the survey could be summarized as follows: virtually all the respondents were general practitioners almost all of whom currently employ at least one level I dental assistant. As there has been no training of preventive dental assistants in Ontario since 1978, it was not surprising to note that only 149 respondents currently employ a preventive dental assistant. However, just under 50% of the respondents indicated that they would hire a preventive dental assistant or a level II dental assistant if and when one became available.

Review of the Findings of the College of Physicians and Surgeons of Ontario (CPSO) Task Force on Sexual Abuse

The General Purpose Committee was asked to review the findings of the CPSO Task Force on Sexual Abuse. The Committee members unanimously agreed that sexual impropriety and sexual abuse must not be tolerated in the dental profession. The issue of sexual abuse is highly complex, and understandably, highly charged emotionally. As the Task Force had elaborated: "It is a major societal problem that must be dealt with openly and more sensitively."



Dr. G.P. Citrome (Chair)

On a very fundamental level, sexual abuse results from the unequal distribution of power in the physician-patient relationship which creates opportunities for sexual abuse. Patients seek the help of doctors when they are in a vulnerable state - when they are sick physically or emotionally. Although dental patients do not usually present themselves to the dentist with the same degree of vulnerability, the potential for sexual impropriety and abuse does exist. Over a 16-year period (1975-1991) the RCDS has been involved in the investigation of 13 dentists respecting sexual impropriety and/or sexual abuse. Even though these figures are small, it is not being suggested that this is a tolerable or even an acceptable situation. The Committee members agreed that the College had dealt with these investigations appropriately.

To ensure that a proper degree of sensitivity is extended to complainants or potential complainants of sexual abuse, the Committee has proposed that some internal administrative changes be enacted which will reflect some of the recommendations of the CPSO Task Force. To this end, the Committee suggested that complainants or potential complainants of sexual abuse and/or sexual impropriety be extended the invitation of meeting with two representatives of the College in order to discuss their concerns in a non-threatening supportive environment. At least one of the College's representatives will be female with appropriate staff representatives being trained to have a heightened awareness of the problem, and sympathetically respond to every inquiry.

The meeting with the complainant or potential complainant would not eliminate the statutory requirement for a formal written complaint to be received by the College before commencing a formal complaint's investigation. The College representatives involved in the meeting would in no way substitute for the appropriate committee in determining the merits of the complaint or be involved in arriving at a decision regarding the ensuing of disciplinary action.

The Ontario government, through its Minister of Health, Frances Lankin, has been quoted as saying: "... (government) being committed to taking all necessary action to eliminate sexual abuse from the health care setting." True to her word, an amendment to the RHPA, 1991 has been passed that will require every College to have a "Patient Relations Committee" and a patient relations program. Among other things, the program must contain measures for preventing or dealing with professional misconduct of a sexual nature. To underscore the gravity of this issue, the Minister, in November of 1991, requested that the "RCDS take immediate action to develop a Sexual Abuse Prevention Plan". She further requested that the plan be submitted to her by February 29, 1992! In accordance with this request, the General Purpose Committee developed, and the Executive Committee approved, a Sexual Abuse Prevention Plan for the RCDS which has been submitted to the Minister and will be published in the June 1992 issue of *Dispatch*.

Sub-Committee on Public Education and Communication

Under the chair of Mr. R.J. Cowan, the sub-committee reviewed the priorities, options and strategies of the College's proposed public education and communication program. The sub-committee has developed a "Public Education and Communication Strategy". The primary strategy is to communicate information about the mandate of the College and how the College serves the public. The secondary strategy will, when appropriate, address topics of major interest in dentistry which impact upon public confidence and quality of patient care. (Amalgam and AIDS related issues are examples.)

In implementing the primary strategy, the sub-committee is developing a brochure about the full scope of the RCDS' mandate. The brochure will serve as the cornerstone for subsequent initiatives and will, of course, reflect the new impending legislation contained in the RHPA. The finished product will be sent to all dentists, dental faculties, public libraries, the media, the Ministry of Health and other Colleges under the *Regulated Health Professions Act*.



R.J. Cowan (Chair, Sub-Committee)

Report of the Legal and Legislation Committee

Chair: T. Gordon White

Members: R.M. Beyers (ex-officio), G.P. Citrome, M. Harding, L.L. Mickelson, G.E. Pitkin

The year 1991 was a very significant year for the Health Professions Regulatory Bodies in Ontario. After many years of review of the Health Professions' legislation and the many proposals for change, the *Regulated Health Professions Act* (RHPA) was given third reading on November 21, 1991 and Royal Assent on November 25, 1991. *The Dentistry Act*, and several other associated professional Acts also received Royal Assent. Proclamation is expected by the Lieutenant Governor-in-Council by early 1993.

The profession of dental hygiene, which is currently regulated by The Royal College of Dental Surgeons of Ontario, will become self-regulated upon proclamation of the *Regulated Health Professions Act* and the profession specific *Dental Hygiene Act*.

Submission - *Regulated Health Professions Act*

The Legal and Legislation Committee, subsequent to second reading, reviewed and addressed issues in response to the *Regulated Health Professions Act*. The College provided a verbal and written submission to the Standing Committee on Social Development of the Legislative Assembly of Ontario emphasizing the key issues and prioritizing the major concerns.

These major issues included the following:

Bill 43 - Schedule 1

(1) Sunset Provision for All

- that there be a definite limit to continuous service – the proposal suggested either two three-year or three two-year terms

(2) Enforcement of Controlled Acts

- that there be more control to the scope of practice, ie. a member could not diagnose unless it was within the scope of his/her practice

Bill 43 - Schedule 2

(1) Powers of Health Professions Board

- that the powers of the Health Professions Board be reviewed

(2) Publication of Discipline Decisions

- that decisions be published as soon as possible following the



Dr. T. Gordon White (Chair)

Discipline Panel's decisions and not necessarily in the College's annual proceedings

- that the Discipline Committee be allowed to use its discretion not to publish the name of a member if it believed that significant harm would result

(3) Registrar's Power of Investigation

- that the Registrar be permitted to initiate an investigation in cases of urgency without having to receive the Executive Committee's approval

Bill 49

(1) Controlled Acts

- that the controlled acts section was limiting in content to dentistry and did not provide for new concepts

(2) Delegation of Chair

- that the President should have the power to delegate another member of the Executive as Chair on some occasions

(3) Drug Notification List

- that a dentist who has placed him/herself voluntarily on the Notification List to pharmacists should be considered differently from one who has been placed on the list by a panel of the Discipline Committee for committing an act of professional misconduct

Bill 50

(1) Denturism

- that partial dentures should only be allowed on the order of a dentist

There were also some minor issues presented to the Standing Committee. These included comments about the powers of the Minister, referrals from Complaints, sexual misconduct proceedings, fitness to practise and reporting of members.

Other topics addressed by the Legal and Legislation Committee during 1991 related to:

Community Health Centres

Having received direction from the Ministry of Health to propose a regulation change which would allow dentists to be employed by Community Health Centres, Council sent the proposed regulation change to the Ministry in April.

The College later proposed a change which would apply to all corporations employing dentists which would require a standard agreement with the College to ensure that the College has the ability to carry out its mandate to protect the public.

The entire matter will not be finalized until the RHPA has been proclaimed.

Non-Council members to act on certain Statutory Committees

The original proposal for the *Regulated Health Professions Act* allowed the Council to provide for non-Council members to act on four Committees. These being, Discipline, Fitness to Practise, Quality Assurance and the Patient Relations Committee. This proposal has since been withdrawn from the Act. It will, however, be possible for Council, through regulation, to provide for non-Council members to act on the four Committees. No action has been taken to date except that guidelines were presented to Council for approval in November, 1991.

Draft of Limitations Act

The Committee reviewed the draft to the proposed Limitations Act. The members felt that the draft was more appropriate than the limitations provisions now in force. A letter was forwarded to the Minister supporting the proposed Acts.



M. Harding (Public Representative)

Proposed Regulations Respecting

- (i) Advertising
- (ii) Practice Break-up

After reviewing responses to the proposed regulations dealing with advertising and practice break-up, the proposed amendments respecting section 37 and 37A of Regulation 447, were forwarded to the Ministry of Health for review and action.

Regulation Review

The Committee has set up a working group to review all of the College's Regulations pertaining to dentistry especially in light of the new legislation.

Report of the Professional Liability Program Committee

Chair: G.C. White (until December 19, 1991)

Members: R.M. Beyers (ex-officio), R.J. Cowan, E.F. Jesin, J.E. Stakiw

As part of this report, several tables are presented concerning the claims experience of the Program.

Please note that 66.41% of claims have been closed without incurring any claims payment or defence costs, an increase of 2.84% from last year. This reflects a large number of potential claims that were reported to the Program immediately prior to the change of underwriters at the end of 1990. It also reflects:

- (1) the increasing willingness of members to report matters to the Program while they can still be resolved on an amicable basis between the patient and the member; and
- (2) the continued skill of the Program's staff in mediating such disputes.

The Program received very reasonable quotations from Reliance Insurance in the fall of the year and was therefore able to renew the policy on reasonable terms.

Excess liability insurance is available to members for purchase which provides protection up to a total of \$10,000,000 per occurrence.

Although no claim has ever cost the Program over \$1,000,000, members are reminded that such damages have been awarded in Ontario for personal injuries, and could be awarded for severe injuries following, for example, anaesthesia accidents, anaphylactic shock or other untoward reactions to treatment.

The Program presently provides coverage on excellent terms and at reasonable rates for members and their patients, and claims are handled in a timely and effective manner by the staff of the Program. However, members should be aware of certain trends that would appear to be unavoidable.

First, the number of open files has been increasing at more than 14% per year over the last five years. Although this is partly due to the willingness of the profession to report matters to the Program relative to the increasing number of members practising in the province, it may also reflect an



Dr. G.C. White (Chair)

increasing willingness of individuals to both complain and litigate. No doubt, an increasing interest of lawyers in malpractice litigation, particularly since the inception of no fault automobile insurance in Ontario may also be a contributing factor.

Secondly, the insurance market is displaying the first symptoms of what may be a substantial contraction of the market, rendering insurance more costly and more difficult to obtain.

Thirdly, the cost of health care continues to increase at a rate higher than the general rate of inflation, which increases the cost of remedial treatment paid for by the Program.

Future increases in the malpractice assessment are directly affected by the emphasis placed on improper recordkeeping, poor patient rapport and, lack of informed consent.

The Secondary Causes Table indicates that, for only the third time in 20 years, more than one file in ten opened by the Program arose out of an attempt by a member to collect an outstanding account.

The increasing cost of malpractice insurance is reflected in the Claims Experience Table. Five files in the last 20 years have cost the Program over \$100,000. Three of these were closed in 1991.

Claims Experience – Effective January 1992

Closed Files Payment Ranges

From	To	Prev	1980	81	82	83	84	85	86	87	88	89	90	91	92	Total	%
	\$0	255	42	61	74	64	225	160	170	191	198	252	330	56		2,078	66.03%
\$	1 – 1,000	105	31	24	18	15	14	20	19	22	1	7	2			278	8.83%
	1,001 – 5,000	95	20	28	33	37	40	33	43	41	21	28	23	7		449	14.27%
	5,001 – 10,000	23	2	15	12	15	15	17	28	17	19	5	4	3		175	5.56%
	10,001 – 15,000	13	5	5	7	5	4	4	7	5	2	4	2			63	2.00%
	15,001 – 25,000	8	1	4	6	5	6	5	7	3	4	4	1			54	1.72%
	25,001 – 50,000	4	1	2	2	2	7	1	2	5		3	1			30	.95%
	50,001 – 100,000	3	2	1	1		1	2	1	3		1				15	.48%
	100,001 – 1,000,000	1				2	1		1							5	.16%
Closed Cases		507	104	140	153	145	313	242	278	287	245	304	363	66		3,147	100%
Outstanding Cases			1	1	2	3	8	9	13	51	35	68	192	382	2	767	
Total Claims		507	105	148	155	148	321	251	291	338	280	372	555	448	2	3,914	

Summary of Closed Files

66.03% were closed with no payments.

74.86% were closed with payments under \$ 1,000. 98.41% were closed with payments under \$ 25,000.

89.13% were closed with payments under 5,000. 99.36% were closed with payments under 50,000.

94.69% were closed with payments under 10,000. 99.84% were closed with payments under 100,000.

96.69% were closed with payments under 15,000. 100.00% were closed with payments under 1,000,000.

Areas of Dentistry – Effective January 1992

Area of Dentistry	Prev	1980	81	82	83	84	85	86	87	88	89	90	91	92	Total
Unknown	5	1	1	1	1		1					1	16		27
A Anaesthesia / Sedation	3	1	1			14	25	3	6	5	4	9	6		77
B Endodontics	54	14	9	26	24	32	36	37	39	31	83	121	66	1	573
C General Dentistry	50	13	11	18	19	35	34	50	54	42	31	44	48		449
D Implants	1		2			1	1	2	4	1	2	5	8		27
E Operative Dentistry	84	20	16	12	17	29	26	20	54	30	68	119	89		584
F Orthodontics	13	2	8	9	6	74	4	23	21	23	14	39	29		265
G Periodontics	11	4	3	2	5	5	14	8	7	15	19	18	19		130
H Prosthodontics - Fixed	71	7	16	27	21	25	29	35	41	30	32	45	38		417
I Prosthodontics - Removable	38	4	8	7	9	18	15	14	22	19	19	31	19		223
J Surgery	175	39	64	53	46	87	64	94	89	83	99	118	106	1	1,118
K T.M.J.	2		2			1	2	5	1	1	1	5	4		24
	507	105	141	155	148	321	251	291	338	280	372	555	448	2	3,914

Primary Causes by Year – Effective January 1992

Cause																
Description	Prev	80	81	82	83	84	85	86	87	88	89	90	91	92	Total	
0	5	1	1	1	1		1						13		23	
1 Allergic Reaction / Anaphylaxis	3	2	1			2	1						2		11	
2 Demineralization / Devitalization	5		2				1	1	2	1	1	1	1		15	
3 Extraction Extra Tooth / Teeth	12	4	3	3	2	1	1	10	9	5	3	6	4		63	
4 Extraction / Treatment Wrong Tooth	27	5	12	9	8	12	15	21	13	14	16	16	20	1	189	
5 Failure of Bone / Tissue Graft	1					1	1		4		1	1	2		11	
6 Failure to Diagnose	24	3	10	17	12	7	13	22	29	13	38	20	16		224	
7 Failure to Treat Adequately	76	20	18	8	3	37	53	62	68	72	57	62	63		599	
8 Fracture of Mandible	31	1		1	2	5	4	3	1	2	1	4	3		58	
9 Fracture of Prosthesis			2	1		2		1	1	1		2	3		13	
10 Fracture of Tooth	22	7	3	5	4	5	9	3	5	8	10	14	13		108	
11 Implant Failure	1		2				1		4		1	9	5		23	
12 Incomplete Obturation	3	1		1		6	3	1	3	3	1	6	6		34	
13 Ingestion / Inhalation / Instrument	20	3	2			3	3	1	3	4	3	9	7		58	
14 Instrument Breakage Tissue / Tooth	18	5	1	6	7	5	2	11	8	7	11	20	6		107	
15 Loss of Tooth / Teeth	11	2	9			6			6	1	3	4	5		47	
16 Occlusal Disharmony	9	1	1	1	4	6	4	3	2	1	2	9	2		45	
17 Pain	28	4	3	4	8	10	7	8	10	10	17	28	22		159	
18 Parasthesia Following Injection	12	3	3	2	4	6	12	10	14	9	17	33	18		143	
19 Parasthesia Following Surgery	21	9	20	14	14	30	22	21	20	20	21	26	23		261	
20 Perforation of Sinus	10	1		1	4	1	2	9	7	5	13	46	4		103	
21 Perforation of Tooth	11	2	2	5	1	6	5	5	5	5	37	12	8	1	105	
22 Phlebitis			1			4	2		2	2			2		13	
23 Poor Adaptation / Poor Prosthesis	49	5	13	24	20	22	28	25	27	29	33	46	46		367	
24 Poor Contour / Margins	7	3		5	3	4	3	4	5	4	4	7	8		57	
25 Root Fracture		2				3	1			1		3	3		13	
26 Roots Not Removed	2	1	3	1		9		3	3	2	4	7	4		39	
27 Root Resorption				2		4	1	1	1	2		2	4		17	
28 Soft Tissue Trauma	28	6	9	8	3	7	10	15	15	7	11	18	19		156	
29 Sub-Acute Bacterial Endocarditis				1		3		1	1	2	2				10	
30 T.M.J. Pain	3	1	3	1	5	2	2	9	1	2	12	23	16		80	
31 Trismus	7			4	1	1	3	4	3	5		8	5		41	
32 Unsatisfactory Esthetics	10	3	5	1	6	10	7	3	8	7	9	13	13		95	
33 Untoward Reaction - Anaesthetics	17	1		4	4	6	16	5	14	7	12	13	13		112	
34 Untoward Reaction to Treatment	17	4	9	9	9	17	15	19	12	21	18	20	10		180	
35 Other	17	5	3	16	23	78	3	10	32	8	14	67	59		335	
	507	105	141	155	148	321	251	291	338	280	372	555	448	2	3,914	

Secondary Causes by Year – Effective January 1992

Cause																
	Description	Prev	80	81	82	83	84	85	86	87	88	89	90	91	92	Total
0		5	1	1	1	1		1						13		23
1	Absence or Failure of Follow-Up	18	5	4	5	2	11	9	11	8	4	8	12	8	1	106
2	Death / Patient Incapacitation	16	1	4			7	4	5	4	3		2	1		47
3	Dentist Incapacitation	7					55	1	1			21	43	1		129
4	Equipment Malfunction	11	4	2	2	1	1	3	9	1	2		5	6		47
5	Inadequate Records	8	1	2	2	3		1	4		1	1	3	5		31
6	Inexperience	8		4	2	8	7	4	6	4	7	8	7	3		68
7	Insufficient X-Rays	23	2	2	2	6	8	2	3	8	1	6	11	6		80
8	Lack of Informed Consent / Commun.	92	25	46	51	43	42	79	84	67	45	32	42	28		676
9	No Apparent Secondary Cause	214	36	40	79	68	137	122	137	185	198	264	370	317	1	2,168
10	Pursuing Outstanding Account	51	11	8	11	16	18	20	24	23	15	26	46	46		315
11	Inappropriate Material / Treatment	54	19	28			35	5	6	38	4	6	14	14		223
12																1
		507	105	141	155	148	321	251	291	338	280	372	555	448	2	3,914

Report of the Dean of the Faculty of Dentistry

University of Toronto

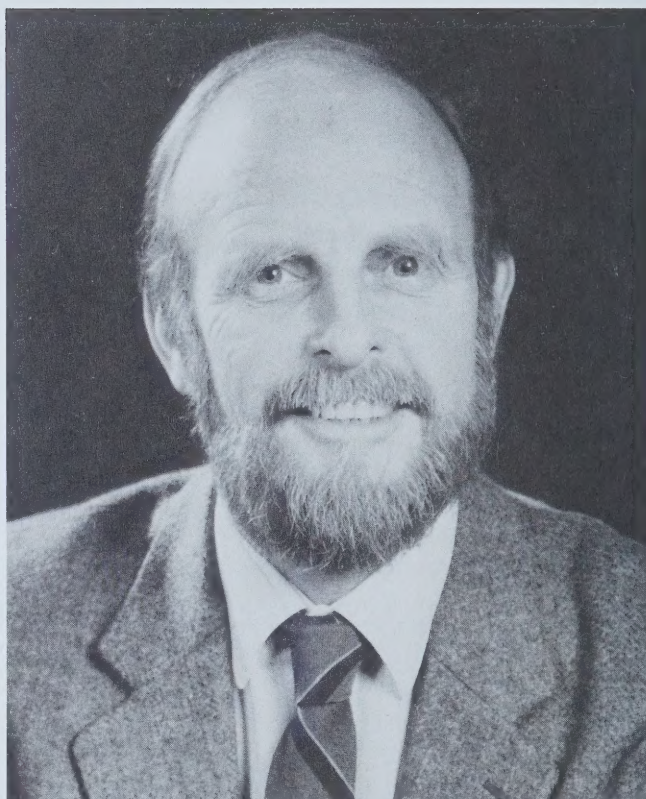
Barry J. Sessle, B.D.S., M.D.S., B.Sc., Ph.D.

Faculty News

The Faculty of Dentistry is well under way with the revision of the undergraduate curriculum. The new curriculum places greater emphasis on synthesis of interdisciplinary information, problem solving, and self-instruction by students, community-based health education, and associated improvements in students' competency in providing comprehensive patient care. The Ways and Means Committee that was established to address these issues is now completing its activities. Faculty Council has approved its proposals, some of which are presently in place, and plans have been made to introduce a clinical tutorial system as well as problem-solving and interdisciplinary teaching initiatives into the curriculum next year. A particular challenge has been and will be to carry out and institute this revision at a time when the University faces severe fiscal constraints that have compelled it to pass on major budget cuts to all Faculties, including Dentistry.

This is the third year of the reduced class size (see Table). The number of applicants for entry into the Faculty of Dentistry still runs approximately ten times the number of students admitted into first year, so dentistry is still a much sought-after profession, at least in Ontario, and the University of Toronto a highly desirable place to acquire a dental education.

As a result of the Report of the Presidential Commission on the Future of Health Care in Ontario (chaired by A.R. Ten Cate, previous Dean of the Faculty and now Vice-Provost for Health Sciences), the University of Toronto is examining the organization and interaction of the health science divisions of the University and the need for a broader, multidisciplinary education of students entering the health science Faculties.



It is also noteworthy that the University of Toronto this past year has entered into formal agreements with the municipalities of East York and North York to establish Teaching Health Units, and this year it set up an analogous agreement with the City of Toronto. The Faculty of Dentistry will be a significant player in these activities that focus on community-based health education.

Several mechanisms and events have been instituted to improve staff/student relations, and the Faculty is hopeful that the recently established Staff/Student Relations Advisory Committee will continue to enhance interactions, collegiality, understanding and respect between staff and students.

Infection control and issues related to AIDS, hepatitis and other infectious diseases generated considerable discussion this past year within the Faculty (as well as of course outside the Faculty), and new policies and procedures on these issues were established by the Faculty's Patient Care Committee.

In relations between the Faculty and organized dentistry there were numerous issues that had arisen or were surfacing that required the concerted and cooperative efforts of both the academic and professional sectors of dentistry (e.g. quality assurance, mandatory continuing education, ethics, manpower and licensing issues). Relations between the Faculty and organized dentistry have been improved to ensure that the Faculty and organized dentistry work together cooperatively and effectively to address these matters.

Several Alumni of the Faculty were honoured at the Faculty's Alumni of Distinction National Award Night, and the Faculty is again indebted to its Alumni for helping it achieve its funding goal at the University's recent Breakthrough Campaign. The Faculty of Dentistry will continue to use Alumni support wisely, effectively, and appreciatively. Indeed, the Faculty has also developed guidelines for use of the generous endowment provided to the Faculty from the estate of one of the Faculty's Alumni, Dr. Wilson G. Harron. These funds are being used for the exclusive support of undergraduate, postgraduate and graduate students. One of these awards has been specifically designed for students of aboriginal origin to encourage more of these students to be educated as dentists.

The Faculty has undertaken a review of the Department of Orthodontics and its relationship with the field of growth, development and aging, and with other cognate areas such as Paediatric Dentistry. A search is now under way for a new Head of Orthodontics.

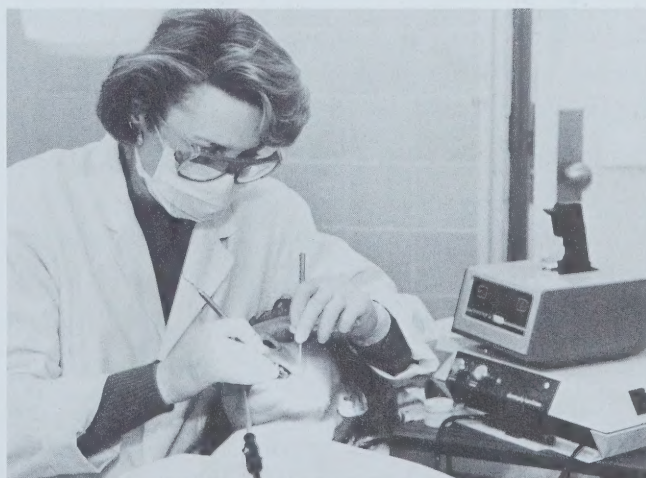
The Faculty is also undertaking a search for a new Head of Endodontics. A major thrust of this appointment will be the development of a postgraduate diploma program in Endodontics.

The Faculty is preparing for a Canadian Dental Association accreditation visit of its specialty programs and its Doctor of Dental Surgery (DDS) program in March 1992.

Major activities in the Faculty of Dentistry continue to be postgraduate and graduate education, continuing dental education, and research. Several continuing education courses were provided this past year, and two international symposia, one on periodontal care for older adults, the other on bone-biomaterial interfaces, were organized by staff members and given at the University. This year almost 70 students were enrolled in the Faculty's postgraduate and graduate programs; about 20% of the postgraduate and graduate students are in combined M.Sc. or Ph.D./specialty programs (see Table). As a result of its postgraduate programs and its intensive and extensive graduate training, the Faculty continues to represent Canada's major resource of dental specialists and academics.

Research

The Faculty continues to play a leading role in dental research. The clinical and basic research activities in the Faculty are breaking new ground on several fronts. These include research programs focused on dental caries and periodontal disease; the biocompatibility of dental materials and the development of new materials and implant systems; growth, development and aging of the craniofacial complex; oral cancer; health care services research; a broader understanding of orofacial pain and neuromuscular dysfunction and the development of new and innovative teaching



models. The Faculty attracted around \$4.5 million in research funding in 1990/91. This funding level represents an increase of more than \$1 million over figures of the previous year (in which research funding was also up almost \$0.6 million).

Other Scholarly Activities and Distinctions

Faculty members continue to contribute to the advancement of the profession and to the reputation of the Faculty of Dentistry. For example, over the past year, dozens of original papers or textbooks advancing clinical and scientific knowledge have been published, and our Faculty members have been invited to speak at over 100 conferences and academic institutions, and many have also served as elected representatives of various bodies.

Several staff members received honours and awards. These included: Dr. G.A. Zarb of the Department of Prosthodontics who was awarded the Canadian Dental Association Distinguished Service Award; Emeritus Professor M. Jackson received similar recognition from the Ontario Dental Association; Dr. G.M. Murray, who obtained his Ph.D. last year, was also awarded the Canadian Dental Research Foundation prize for his research within the Department of Oral Physiology; Dr. D.C. Smith of the Department of Biomaterials was elected to the Fellowship of the Royal Society of Canada; Dr. C.D. Torneck of the Department of Endodontics received the Louis I. Grossman Award from the American Association of Endodontics; and Dr. D. Haas of the Department of Anaesthesia received the A.B. Hord Master Teacher of the Faculty. In addition, Dr. K. Titley and Dr. D. McComb were promoted to the rank of full professor.



Education

The total enrollment in the Faculty's degree and diploma programs follows:

Undergraduate	1990-91	1991-92
First Year	68	68
Second Year	64	63
Third Year	104	63
Fourth Year	96	104
Total D.D.S.	332	298

Postgraduate and Graduate

Postgraduate	44 (20 graduated)	44
Ph.D.	12 (2 graduated)	11
Masters	28 (8 graduated)	25
Interns	27	26

**Report of the Dean of the Faculty of Dentistry,
University of Western Ontario**

Ralph I. Brooke, B.Ch.D., L.D.S., F.D.S., R.C.S., M.R.C.P., L.R.C.S.

Faculty News

A ten percent budget cutback imposed on all Faculties of the University commencing in 1991, necessitated the loss of two full-time and several part-time staff positions. Every division experienced a reduction in funding for clinical instructors. Clinic fees were increased and patient services, especially in the graduate orthodontic clinic, were expanded. It was imperative that no further Faculty positions be lost; several members who retired in the last few years have not been replaced.

A Faculty retreat was held on October 26, 1990 for all full-time and major part-time Faculty. The clinical teaching program, budgetary cutbacks, and several innovations and proposals for improvements to the undergraduate curriculum were discussed.

Bioelectromagnetics Western was established as an interdisciplinary research unit with the Faculty of Dentistry in 1991. Drs. M.I. Kavaliers, K-P. Ossenkopp and F.S. Prato are Associate Directors. The unit's main focus is to attract external research funds.

A recommendation has been made to the University's Board of Governors to create a new division of Graduate Orthodontics in July 1991 and that the divisions of Paediatric Dentistry and (Undergraduate) Orthodontics be merged in 1992.

A local committee of the Association of Canadian Faculties of Dentistry (ACFD) was established in the Faculty to maintain communication with the national council. A national curriculum data base is being established which may be accessed by all Canadian schools. Two projects being undertaken in conjunction with the local committee have received funding from ACFD. These are concerned with professional enhancement of dental faculty and a feasibility study of short-term faculty exchanges among Canadian schools of dentistry.



The two Ontario Faculties voiced strong opposition to the RCDS (Ontario) motion to approve the principle of universal examinations for all candidates for licensure in the province.

The clinical examinations of the National Dental Examining Board were held at Western for the first time in 1991.

Undergraduate Program

The Council on Accreditation of the Canadian Dental Association extended conditional approval for a further two years to the undergraduate program. The graduate program in Orthodontics was upgraded from provisional to conditional approval.

The following statistics are presented for the class of 1994 relative to the four preceding classes:

	1990	1991	1992	1993	1994
Class Size:	40	40	40	40	40
Sex:					
Female	10	12	15	10	11
Male	30	28	25	30	29
Qualifications of admitted applicants:	81.1	83.7	84.2	84.7	85.8
• class average based on best two years preceding admission (percent)					
Dental aptitude test:					
Average carving dexterity	5.48	5.05	4.22	(4.7)	[7.0]
				14.9	16.2
Average PMAT	5.85	4.90	4.12	(4.7)	[6.0]
				18.0	18.1
() Old DAT scores on 12 students					
[] Old DAT scores on 1 student					
Note: The 1990-91 average statistics are based on 39 students (one student has foreign documents and no average can be recorded)					
Number of admitted applicants with degrees	27	22	20	24	17
Number married	3	0	0	1	4
Age:					
Range	20-40	20-28	19-25	20-28	20-30
Median	22	22	22	22	22
Average	23	22.4	22	22	23
Residence:					
Ontario	37	36	33	38	38
Other Provinces	3	4	7	2	2



A summary of the examination results for all four years follows:

First: There were 40 students of whom 9 received honours, 23 passed and 1 failed. The remaining 7 had either incompletes or conditions.

Second: Of the 40 students, 13 earned honours, and 27 passed.

Third: Among the 40 students were 5 who achieved honours, 34 passed and 1 had conditions to clear.

Fourth: 40 students were graduated, 11 with honours, 36 with pass standing and 4 were required to clear conditions prior to convocation.

Continuing Dental Education

The year featured a number of excellent continuing education programs which were offered by many divisions of the Faculty.

A homecoming brunch, honouring the classes of 1970, 1975, 1980 and 1985, was held in October 1990 at the Grosvenor Club. Presentations were made by the honorary class presidents for the years represented.

The Continuing Dental Education office coordinated a highly-successful seminar on "Oral Problems of Patients with Aids and HIV Infection", under the direction of Dr. Gillian M. McCarthy. The high powered presentations featured Canadian and international leaders in the field and was well attended by dental and medical professionals across Ontario.

A new offering, presented by the Division of Periodontics and geared to dental hygienists, was fully subscribed.

Research

Over \$500,000 was received in grants from external as well as University sources during 1990-1991.

Publications

The academic staff published extensively in the 1990-1991 academic year. In all, some 68 contributions were made to dental and scientific literature.



Other Reports: Report of the Inspector

Inspector: Sam Evans

Investigations

In 1991, 72 investigations were conducted which required formal reports. This was 20% less than in 1990.

Illegal Practice of Dentistry

Two persons were charged in 1991 with the illegal practice of dentistry. Both pleaded guilty to the offence and were fined. One was from Willowdale, Ontario and the other from London, Ontario.

Although the College continues to receive anonymous tips of illegal dental offices, rarely is a complaint of such received from a dissatisfied patient. It is difficult to lay a charge unless a patient who has received dental treatment cooperates and is willing to testify in Court.

Drug Investigations

The Bureau of Dangerous Drugs report that there is no reduction in the number of dentists who prescribe narcotic and controlled drugs too freely. The police report that because of financial difficulties, more addicts are obtaining drugs from physicians and dentists. An issue of *Dispatch* to be published sometime in 1992 will be dedicated to the use and marketing of illicit drugs.

Report of the Dentistry Review Committee

Chair: J.D. Anderson

**Members: G.I. Baker, A.F. Dungy,
A. McGuinness, P. Scharf**

The Dentistry Review Committee is a Committee of the College authorized under *The Health Insurance Act*. It is activated only when the General Manager of the Health Insurance Plan has reason to question a billing submitted by a dentist.

The General Manager has not had grounds to make a referral to this Committee since 1982; accordingly, the Committee has not met since then.

All members of this Committee are appointed by the Lieutenant Governor-in-Council. Three dentists and two public representatives serve on the Committee.

Report of the National Dental Examining Board of Canada (NDEB)

Philip Watson, D.D.S., M.S.D.*

The National Dental Examining Board of Canada was established by an Act of Parliament in 1952. The purpose of the Board is to establish qualifying conditions for a single standard national dental certificate of qualification and to ensure that the examinations will be acceptable to all participating licensing bodies in Canada.

Process for Certification

The NDEB certificate can be obtained by two methods. One is by successful completion of the NDEB examination and the other is by graduation from a university accredited by the Council on Education and Accreditation of the Canadian Dental Association. Therefore, at the present time, all graduates of dental schools outside Canada are certified by successful completion of the NDEB examination. Graduates of Canadian Universities receive the NDEB certificate provided their school meets the standards of accreditation and submits the required application and administrative fee to the NDEB. The NDEB participates in the accreditation process and recovers these costs through fees paid by applicants of schools accredited by this process.

External Review

Each year the NDEB assesses its certification mechanisms and makes adjustments where indicated in order to assure clarity, balance and relevance to general practice utilizing curricula outlines from undergraduate dental programs in Canada. In addition to this self-assessment, the NDEB has initiated several external evaluation procedures over the years.

Examinations

The NDEB members were responsive to the need, particularly in Ontario, for the early implementation of a revised examination structure. Consequently two motions were passed that are important to Ontario; one affects the comprehensive examination for dentists educated in foreign University dental Faculties, while the other affects the examiner/observer system for graduates of accredited Canadian Faculties of Dentistry.



Comprehensive Examination

The effect of these motions, is that an examination revised in format and content will be presented to the licensing boards of Canada early next fall in a national meeting called for that purpose. If this examination is acceptable to the licensing boards the revised examination will be implemented in the early spring of 1993. Therefore, all candidates from foreign dental schools applying for examination after January 1, 1993, will be taking the new examination.

Ontario's representative to the NDEB will chair the Clinical Examination Committee during the development of the new examination. It is anticipated that the written component of the examination will continue in the present format which utilized multiple-choice questions. The written examination content has been revised and tested with graduates of Canadian schools and is believed to conform to the standard expected from new graduates. The clinical examination, which currently

* Dr. Philip Watson is the Ontario representative appointed by the RCDS to the National Dental Examining Board.

comprises three parts, will become a single examination, approximately four days in length, relying extensively on problem stations and manikin testing.

The representatives from Quebec and British Columbia reported that their Councils were not currently receptive to the complete elimination of patient treatment as part of the examination. If further discussion does not alter this view it may be necessary to retain clinical treatment on one patient. It is premature to speculate other than to suggest that one amalgam restoration or perhaps one amalgam and one resin restoration, will be enough to satisfy concerns. It is important to develop examination content in collaboration with Universities, the Association of Canadian Faculties of Dentistry (ACFD) and Licensing Boards to ensure that the standard and scope of the examination is the same as expected from fourth-year graduates of Canadian dental schools and has the support of interested parties. The grading system will be criterion referenced, designed in collaboration with a psychometric specialist, a statistician and dental educators. The content and format of U.S. regional board clinical examinations, particularly the North East Regional Board (NERB) examination, will be examined for features that may be useful.

Examiner/Observer System

A pilot project held at the Universities of British Columbia, Montreal and Toronto was conducted. The majority of NDEB members were reluctant to commit the Board to full introduction of the examiner/observer system in all Canadian Faculties by January, 1993, because the process has not been fully tested, developed or standardized. Some time and collaboration is required to gain confidence in the University community that this process can integrate smoothly and at the same time be a valid instrument to assure competence

and be acceptable to the licensing boards. Six universities, British Columbia, Alberta, Manitoba, Montreal, Western and McGill will be monitored this year to continue development of this system. Although efforts will be made to introduce this process in 1993, the majority of the NDEB members felt this would be difficult.

However, NDEB members were sensitive to the issues in Ontario and committed the Board to design a system in cooperation with Ontario Universities that would be used in Ontario in 1993 providing it is acceptable to the RCDS of Ontario. The national system is planned for introduction in 1994.

Specialty Certification

The NDEB supports the concept of specialty certification and supports the concept of a Standing Committee of the NDEB for national certification. The details of this will require wide circulation when they become available to determine the reaction from interested parties. It is anticipated that licensing boards could use the membership examination as a licensing instrument.

Financial Report

(as at December 31, 1991)

David E. Carruthers, B.Com., C.A.
Director Administrative Services

Introduction

The 1991 audited financial statements were reviewed and presented by the College's Audit Committee to Council at its May 21-22, 1992 meeting and are now presented to all its members.

They report on the financial condition of the various Funds of the College as at December 31, 1991 and their respective operating results for 1991 together with comparative information for 1990.

The financial statements confirm the financial condition of the College's various Funds at December 31, 1991. The auditors' report with the financial statements provides an unqualified opinion that the statements are presented fairly and in accordance with generally accepted accounting principles.

The Notes to Financial Statements include a brief description of each Fund.

Financial Statements

Attached to this report are the following:

- Auditors' Report
- Combined Balance Sheet as at December 31, 1991 and Statements of Revenue and Expenses and Surplus for 1991, (with comparative figures for 1990):
 - General Fund
 - Building Fund
 - Professional Liability Program Fund
 - Harry R. Abbott Memorial Library Fund
 - Dental Hygienists' Fund
- Notes to Financial Statements

Combined Balance Sheet

The Combined Balance Sheet of the College shows the year-end financial position of its five continuing Funds.

All Funds are in good financial condition as at December 31, 1991. No Fund is in deficit. The General Fund is the main operating Fund of the College.

General Fund: Statement of Revenue and Expenses and Surplus

Revenue

The annual fees for dentists and dental hygienists provide the College with its main source of revenue. The 1991 fee for dentists was \$1,065 of which \$620 was allocated to the Professional Liability Fund and \$55 to the Building Fund. The fee for dental hygienists was \$175 including a \$40 contribution to the Dental Hygienists' Fund for establishment of a separate licensing College. Dental hygienists applying for licensure in Ontario are required to successfully complete licensing examinations. The examination fee in 1991 was \$275 (a \$25 increase from the previous year).

Interest rates fell rapidly in 1991 as the year progressed. This, coupled with reduced cash reserves resulted in lower interest income compared to 1990. On the other hand sundry revenue increased in 1991; sundry revenue is derived from the sale of the "List of Members" to dental-related organizations and late fee payment penalties.

The administration charge to the Professional Liability Program Fund has increased over the previous year as detailed in note 6 to the financial statements. The increase is more than offset by a reduction in the Program's loss adjustment expenses over 1990, with claims increasingly being settled by the Program's own staff rather than external adjusters.

Expenses

Salary and salary charges increased in 1991 with some increase in staff to support the College's regulatory and claims handling responsibilities, plus an inflation adjustment to salaries. A property administrator also joined the College in 1991. The increase in salary and salary charges expense over 1990 is distorted by a one-time \$167,970 credit to expenses in 1990 for the pension plan as a result of plan improvements initiated in December 1989.

Printing, stationery and supplies expenses decreased in 1991 because 1990 included the cost of reproducing the Practice Procedures Guide (which was not necessary again in 1991), and an additional issue of Dispatch. The increase in postage and courier expense reflects increased postal rates plus GST; also, additional mailings because of by-elections.

Property expenses show a substantial increase over 1990 as a consequence of acquiring the 6 Crescent Road property in addition to carrying the St. George Street properties which are for sale. The additional cost to the College was partially offset by rental revenue of \$173,400 on space surplus to the College's needs. As well, cost containment measures introduced by the College's administration reduced annual costs of the Crescent Road property by \$84,000 over what they were in 1990 under the building's previous management.

Honoraria (fees) paid to Council members increased in 1991 as a result of more days spent in Council and Committee meetings. Expenses were similarly higher than the previous year and, as well, includes a cost for advertising and holding off-site the College's first open council meeting in October 1991.

Continuing education expenses were down in 1991 because of a reduction in requests for support to speaker programs sponsored by dental and/or dental hygiene societies for their members.

Legal fees were up over the prior year. About \$23,000 of the increase results from GST. Additional legal work was done in 1991 on new legislation for regulated health professions, for second opinions, on proposed regulation changes for community health centres, a special December meeting of council, and assistance with preparation of a Discipline Procedural manual.

The grant to the Canadian Dental Association for accreditation was maintained at \$20 per member in 1991.

Administrative expenses are all the general expenses necessary to perform the many duties required of the College. Expenses in 1991 in total were almost the same as the prior year.

Consulting fees include costs related to relocating and consolidating computer equipment, installing a computerized accounts payable system for tighter cash management, a second opinion on a tax issue, programming for continuing competence requirements and development of continuing competence guidelines.

Surplus

Operation of the College in 1991 resulted in a decrease in surplus of \$54,464, compared to a \$326,407 increase in the previous year. The 1991 reduction in surplus was considerably less than expected and budgeted, (see report of Finance and Property Committee). The College's cumulative surplus at December 31, 1991 remains at more than \$1 million. The College will need to sell at least one of its St. George Street properties in 1992 or 1993 to replenish its cash reserves.

The Building Fund

In October 1991, the College moved its operations from St. George Street to 6 Crescent Road, Toronto. A total of \$655,330 was expended in 1991 on renovations to the new headquarters for the College which amount is reflected in the increased value of the property as shown on the balance sheet of the Building Fund. With the acquisition of this property, the College also acquired a tenant for the two full floors not occupied by the College. This tenancy will end June 30, 1992. Space surplus to the College's needs is being offered on a lease or other basis to others from June 1992.

The Professional Liability Program Fund

See the Notes to Financial Statements for a general description of the Fund. The Fund transferred \$1.47 million to surplus in 1991 compared to \$1.41 million in 1990. The surplus accumulated to December 31, 1991 for protection against extraordinary adverse claims experience or the unavailability of insurance coverage in future stands at \$7.2 million. Details of the plan are covered in the Report of the Professional Liability Program Committee.

The Harry R. Abbott Memorial Library Fund

See Notes to Financial Statements for a general description of this Fund.

Dental Hygienists' Fund

See Notes to Financial Statements for a general description of the Fund. The dental hygienists' special levy to establish their own College was \$40 per dental hygienist for 1991. Revenue from the levy plus interest income contributed \$213,151 to surplus in 1991, bringing the accumulated surplus at the end of 1991 to \$621,466.

Re-appointment of Auditors

On recommendation by the Audit Committee, Peat Marwick Thorne Chartered Accountants were re-appointed auditors to the Royal College of Dental Surgeons of Ontario for 1992.

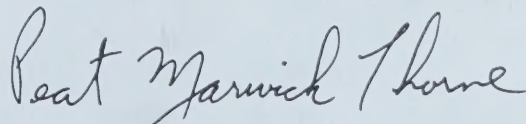
Peat Marwick Thorne
Chartered Accountants

To the Members of the Council of The Royal College of Dental Surgeons of Ontario

We have audited the combined balance sheet of The Royal College of Dental Surgeons of Ontario as at December 31, 1991 and the statement of revenue and expenses and surplus for the year then ended for each of the General Fund, Building Fund, Professional Liability Program Fund, Harry R. Abbot Memorial Library Fund and the Dental Hygienists' Fund. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 1991 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.



March 16, 1992

The Royal College of Dental Surgeons of Ontario

(Incorporated under the *Health Disciplines Act*, Part II, of Ontario)

Combined Balance Sheet (December 31, 1991, with comparative figures for 1990)

	General Fund	Building Fund	Professional Liability Program Fund	Harry R. Abbott Memorial Library Fund	Dental Hygienists' Fund	Combined 1991 Total*	Combined 1990 Total*
Assets							
Cash	\$ 6,290,619	—	—	—	9	6,290,628	3,079,233
Investments (note 2)	—	—	12,534,373	—	620,366	13,154,739	13,709,640
Accounts receivable	29,853	14,629	4,426	2,501	491	51,900	32,278
Receivable from:							
General Fund	—	—	3,602,945	—	99,080	—	—
Building Fund	1,235,957	—	2,078,247	—	—	—	—
Prepaid expenses	2,863	—	—	—	—	2,863	22,743
Deferred pension plan funding excess	212,801	—	—	—	—	212,801	197,570
St. George Street properties (note 3)	—	2,540,375	—	—	—	2,540,375	2,540,375
Crescent Road property	—	5,235,740	—	—	—	5,235,740	4,580,410
	\$ 7,772,093	7,790,744	18,219,991	2,501	719,946	27,489,046	24,162,249
Liabilities and Surplus							
Bank Overdraft	\$ —	85,035	212,850	—	—	297,885	825,690
Accounts payable	202,346	26,319	25,000	—	—	253,665	59,467
Deferred revenue:							
Licence fees	2,826,475	—	—	—	98,480	2,924,955	2,368,399
Assessments	—	328,860	3,562,650	—	—	3,891,510	3,513,550
Unused claims fund deductible	—	—	7,235,879	—	—	7,235,879	6,185,723
Payable to:							
Dental Hygienists' Fund	99,080	—	—	—	—	—	—
General Fund	—	1,235,957	—	—	—	—	—
Professional Liability Program Fund	3,602,945	2,078,247	—	—	—	—	—
Mortgage payable (note 4)	—	3,270,788	—	—	—	3,270,788	3,262,500
	\$ 6,730,846	7,025,206	11,036,379	—	98,480	17,874,682	16,215,329
Surplus	1,041,247	765,538	7,183,612	2,501	621,466	9,614,364	7,946,920
	\$ 7,772,093	7,790,744	18,219,991	2,501	719,946	27,489,046	24,162,249

* Interfund balances have been eliminated to arrive at combined totals.

The Royal College of Dental Surgeons of Ontario

Statement of Revenue and Expenses and Surplus

(Year ended December 31, 1991, with comparative figures for 1990)

	1991	1990		1991	1990
General Fund Revenue			Expenses		
Licence fees and assessments:			Salary and salary charges	\$ 1,560,032	1,162,705
Dentists:	\$ 6,426,075	5,847,339	Postage and courier	121,804	113,827
Less portion attributable to			Printing, stationery and supplies	192,860	219,559
Building Fund	(328,515)	(232,723)	Telephone	32,297	24,371
Professional Liability Program			Equipment - purchase, rental and		
Fund	(3,703,460)	(3,540,414)	maintenance (note 3)	256,112	94,300
	2,394,100	2,074,202	Maintenance and operating costs	220,338	132,412
Hygienists:	696,126	608,900	Staff travel	86,924	69,808
Less portion attributed to Dental			Dental hygienists' examinations	119,388	115,508
Hygienists' Fund	(168,200)	(154,600)	Honoraria	285,840	244,921
Examination fees	126,800	94,025	Continuing education	50,363	67,565
	654,726	548,325	Legal fees	350,253	281,885
Interest	105,851	220,690	Audit fees	17,454	13,500
Sundry	41,049	30,945	Witness and court reporter fees	9,755	4,274
Administration charge to the			Council insurance	3,004	3,003
Professional Liability Program			Council and committee	121,750	104,040
Fund (note 6)	447,400	329,668	Grants:		
	3,643,126	3,203,830	Canadian Dental Association	114,000	111,800
			Canadian Fund for Dental Education	2,000	1,000
			University of Toronto	4,325	5,140
			University of Western Ontario	4,200	4,000
			Administrative	68,083	68,805
			Consulting fees	74,157	35,000
				3,694,939	2,877,423
			Excess of revenue over expenses		
			(expenses over revenue)	(51,813)	326,407
			Surplus, beginning of year	1,093,060	766,653
			Surplus, end of year	\$ 1,041,247	1,093,060

	1991	1990
Building Fund		
Revenue		
Rental	\$ 220,230	–
Members' assessments	328,515	232,723
Interest	37,938	64,067
	586,683	296,790

Expenses

Mortgage interest (note 4)	366,111	–
Interest on PLP loan (note 5)	190,837	97,659
Legal fees and other	–	168,397

	556,948	266,056
--	----------------	----------------

Excess of revenue over expenses	29,735	30,734
Surplus, beginning of year	735,803	660,270
Transfer of Centennial Fund surplus	–	44,799
Surplus, end of year	\$ 765,538	735,803

Professional Liability Program Fund

Revenue

Members' assessments	\$ 3,703,460	3,540,414
Interest	1,394,192	1,306,536
	5,097,652	4,846,950

Expenses

Insurance premium	1,111,974	1,083,244
Broker and consultant fees	27,930	14,442
Maximum loss limit	2,000,000	1,750,000
Loss adjustment	34,009	260,173

Administration charge from		
General Fund (note 6)	447,400	329,668
Sundry	–	394

	3,621,313	3,437,921
--	------------------	------------------

Excess of revenue over expenses	1,476,339	1,409,029
Surplus, beginning of year	5,707,273	4,298,244
Surplus, end of year	\$ 7,183,612	5,707,273

	1991	1990
--	------	------

Harry R. Abbott Memorial Library Fund

Revenue

Interest	\$ 2,524	2,379
----------	----------	-------

Expenses

Grant to University of Toronto		
Library Fund	2,492	2,200

Excess of revenue over expenses	32	179
---------------------------------	-----------	------------

Surplus, beginning of year	2,469	2,290
----------------------------	-------	-------

Surplus, end of year	\$ 2,501	2,469
----------------------	-----------------	--------------

Dental Hygienists' Fund

Revenue

Fees	\$ 168,200	154,600
Interest	44,972	45,445

	213,172	200,045
--	----------------	----------------

Expenses

Bank charges	21	–
Excess of revenue over expenses	213,151	200,045

Surplus, beginning of year	408,315	208,270
----------------------------	---------	---------

Surplus, end of year	\$ 621,466	408,315
----------------------	-------------------	----------------

General

Founded in 1868, The Royal College of Dental Surgeons of Ontario (the "College") was continued in 1974 under Part II of the Health Disciplines Act of Ontario as a non-profit corporation without share capital. The College is exempt from income taxes under the Income Tax Act of Canada. The purpose of the College is to regulate the practices of dentistry and dental hygiene and govern its members in Province of Ontario. In addition to the General Fund, special funds have been established by the College for the following purposes:

Building Fund

As a consequence of increasing overcrowding in existing facilities, this Fund was established in recent years to accumulate funds to purchase on December 31, 1990 the new headquarters building at 6 Crescent Road, Toronto. The Building Fund is being continued until such time as the buildings on St. George Street are sold.

Professional Liability Fund

This Fund was established several years ago by the College to provide a first level of defence and management of professional liability claims against dentists. Insurance coverage for claims has been established to cover validated claims in excess of a deductible portion on a portion on an annual basis. The College is liable for the first \$50,000 (1990 - \$50,000) of a validated claim subject to a 1991 maximum loss limit of \$2,000,000 (1990 - \$1,750,000), which amount is expensed on an annual basis. The dentists are liable to the College for a deductible portion on each validated claim of \$1,000 on any one occurrence including defence costs increasing at a rate of \$1,000 for each additional claim in a twenty-four month period. Deductible are recorded when received. The College is additionally liable for all loss

adjustment expenses, which are expensed on a pay-as-you-go basis, related to claims arising since January 1, 1977. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College. The unused claims fund represents the accumulated difference of the annual maximum loss limit and paid claims.

Harry R. Abbott Memorial Library Fund

The Library Fund was established in 1924 as a family memorial to the late Dr. Abbott who was president of the College during 1903 to 1907. Interest earned on the Harry R. Abbott Trust Fund is paid to the Library Fund in order to purchase books for the library which is now with the Faculty of Dentistry of the University of Toronto. The assets of the trust fund are not included in the combined balance sheet.

Dental Hygienists' Fund

This Fund was established in 1988 to accumulate financial resources for the prospective self-governing College of Dental Hygienists. A separate College for dental hygiene is contemplated by the new Health Professions legislation tabled in the provincial parliament in 1990 by the government and which was re-introduced, with some modifications, in April 1991 by the present government.

1. Significant accounting policies

These financial statements have been prepared in accordance with generally accepted accounting principles. Significant accounting policies are summarized as follows:

(a) Fund accounting:

These financial statements have been prepared in accordance with the fund basis of accounting for non-profit organizations. Statements of changes in financial position for each fund have not been prepared since they would not provide additional meaningful information.

(b) Fixed assets:

All fixed assets, other than properties, are expensed as acquired. No provision is made for depreciation of properties.

(c) Pension costs:

Pension costs related to current service are charged to income for the period during which the services are rendered. These costs reflect management's best estimates of the pension plan's expected investment yields, salary escalations, mortality of members, terminations and the ages at which members will retire. Adjustments arising from plan amendments, experience gains and losses and changes in assumptions are being amortized over the expected average remaining service lives of employees. Gains and losses on settlement or partial settlement of the plan are included in income immediately.

The cumulative difference between the funding contributions and the amounts recorded as a pension expense is recorded as the deferred pension plan funding excess.

(d) Investments:

Investments in bonds and treasury bills are stated at amortized cost plus accrued interest. Gains and losses are recorded only upon realization except where there is a decline in value which is considered to be other than temporary at which time a provision for estimated losses is made.

(e) Licence fees and assessments:

Members of the College pay a licence fee upon joining the College. Licence fees are included in income immediately.

Members are billed for annual fees each December. These fees relate to the following fiscal year and accordingly amounts received are shown as deferred revenue at year end.

A portion of dentists' assessments are attributable to the Building Fund and Professional Liability Program Fund based upon the annual assessment schedule under Regulation 447 of the Health Disciplines Act.

A portion of hygienist assessments are attributable to the Dental Hygienists' Fund based upon the annual assessment schedule under Regulation 446 of the Health Disciplines Act.

2. Marketable securities

		1991		1990	
		Carrying Value	Market	Carrying Value	Market
Bonds					
Government of					
Canada	\$ 5,157,020	5,213,902	3,696,993	3,973,446	
Provinces of					
Canada	7,137,035	6,969,179	9,123,409	9,436,645	
	\$12,294,055	12,183,081	12,820,402	13,410,091	
Treasury Bills					
	860,684	862,157	889,238	964,722	
	\$13,154,739	13,045,238	13,709,640	14,374,813	

3. Fixed assets

The College expensed fixed assets of \$159,922 in 1991 (1990 - \$16,636). The College has relocated to the Crescent Road property and intends to sell the St. George Street properties.

4. Mortgage payable

The mortgage payable of \$3,270,788 (including accrued interest of \$31,047) bears interest at 11.5% and matures January 1, 1994. The College is required to make monthly payments of \$32,530. The mortgage is secured by the property at 6 Crescent Road.

5. Interfund balances

The Building Fund has a demand loan of \$2,000,000, bearing interest at the prevailing Canada Treasury Bill rate, adjusted semi-annually, payable to the Professional Liability Program Fund.

There is a further non-interest bearing loan of \$1,500,000 payable to the General Fund.

All other interfund balances arise in the normal course of the College's business.

6. Administration charge

The College pays for all general operating expenses through the General Fund. A portion of these expenses are then charged to the Professional Liability Program Fund via the administration charge as follows:

	1991	1990
Salary and salary charges	\$ 299,150	251,968
Postage and courier	9,095	8,000
Printing, stationery and supplies	13,643	12,000
Telephone	8,560	4,500
Equipment - purchase, rental and maintenance (note 3)	21,935	22,000
Maintenance and operating costs	37,500	28,200
Staff travel	7,490	3,000
Legal fees	16,050	—
Audit fees	5,236	—
Administrative	28,741	—
	\$ 447,400	329,668

General legal fees, audit fees and administrative costs were not recovered from the Professional Liability Program Fund prior to 1991.

7. Pension Plan

The College maintains a defined benefit and money purchase pension plan which covers substantially all of its employees. Pension fund assets at market value were \$1,123,813 at December 31, 1991. The present value of accrued pension benefits attributable to services rendered to December 31, 1991 was \$1,036,256.

8. Funds held in trust

At December 31, 1991 the College maintained in trust \$1,000 (1990 -\$3,500) for refund to patients following claims made against member dentists. These funds are not included in the combined balance sheet.

9. Commitments

The College has operating leases on office equipment and vehicles requiring minimum annual lease payments as of December 31, 1991 as follows:

1992	\$ 74,536
1993	70,448
1994	53,122
1995	38,675
1996	5,051
Thereafter	—

Degree of "Busyness" of Ontario Dentists, 1991

Based on Data as of March, 1991

Years since Graduation	Number of DDS Responding	% of Respondents Less Busy than Would Like	% of Respondents Content with Patient Load	% of Respondents Too Busy
0-4	528	62.1	35.2	2.7
5-9	751	57.1	41.0	1.9
10-14	759	46.6	51.5	1.8
15-19	616	46.9	50.6	2.4
20-24	504	42.0	54.9	2.9
25-29	326	46.6	50.0	3.4
30-34	214	41.1	55.6	3.2
35-39	160	30.0	64.3	5.6
40-44	104	25.9	72.1	1.9
45-49	41	21.9	65.8	12.1
50 Plus	9	22.2	77.7	—
Total	4,012	48.3	49.0	2.6

Licencing Profile
Licensed Dentists Deceased

Albanese, A.L.	(1952)*	Aug. 1991
Atkinson, W.E.	(1967)	Dec. 1991
Best, K.	(1952)	July 1991
Dick, J.	(1956)	Nov. 1991
Dover, W.R.	(1953)	June 1991
Faulkner, J.A.	(1943)	Feb. 1991
Gordon, Z.M.	(1962)	Jan. 1991
Pang, M.	(1980)	Oct. 1991
Pileski, R.C.A.	(1966)	May 1991
Schatz, S.	(1953)	Feb. 1991
Stanziani, V.C.	(1958)	Nov. 1991
Taylor, L.V.	(1944)	Apr. 1991

* Denotes year of Graduation

Additions to the Register

University of Toronto	97
University of Western Ontario	38
N.D.E.B. Certificates	89
General Licence (from Education)	19
Academic Licence	1
Approved by the Reg. Committee	42

Removals and Reinstatements

Deceased	12
Retired	16
Not Renewing	48
Removed	10
Reinstated	43

Licences Issued

Dentists	5,988 members*
Dental Hygienists	4,189 members**

* includes 2 Life Members and 171 Out-of-Province Members

** includes 221 Out-of-Province

Ratio of Dentists to Dental Hygienists

As of October 1991

County	Dentists	Hygienists	Ratio : 1
District 1			
Frontenac	69	48	1.44
Lanark	16	16	1.00
Leeds Grenville	46	37	1.24
Lennox Addington	6	5	1.20
Ottawa Carlton	407	289	1.41
Prescott Russell	17	20	.85
Renfrew	36	42	.86
Stormont Dundas Glen.	33	29	1.14
	630	486	1.30

District 2

Durham	197	241	.82
Haliburton	2	3	.67
Hastings	54	41	1.32
Northumberland	28	17	1.65
Peterborough	49	39	1.26
Prince Edward	6	1	6.00
Victoria	13	19	.68
	349	361	.97

District 3

Algoma	61	36	1.69
Cochrane	34	30	1.13
Kenora	24	13	1.85
Manitoulin	5	3	1.67
Nipissing	38	30	1.27
Rainy River	11	9	1.22
Sudbury	77	98	.79
Thunder Bay	83	82	1.01
Timiskaming	15	17	.88
	348	318	1.09

District 4

Metro Toronto	2,018	750	2.69
York	269	326	.83
	2,287	1,076	2.13

County	Dentists	Hygienists	Ratio : 1
District 5			
Bruce	18	26	.69
Dufferin	14	12	1.17
Grey	32	17	1.88
Huron	15	11	1.36
Muskoka	24	15	1.60
Parry Sound	11	15	.73
Simcoe	130	149	.87
	244	245	1.00

District 6

Elgin	23	12	1.92
Essex	179	144	1.24
Kent	43	24	1.79
Lambton	58	59	.98
Middlesex	265	152	1.74
	568	391	1.45

District 7

Brant	45	30	1.50
Haldiman Norfolk	27	21	1.29
Oxford	36	26	1.38
Perth	24	17	1.41
Waterloo	177	148	1.20
Wellington	81	69	1.17
	390	311	1.25

District 8

Halton	179	174	1.03
Hamilton Wentworth	239	145	1.65
Niagara	203	204	1.00
Peel	377	259	1.46
	998	782	1.28

Grand Total	5,814	3,970	1.46
--------------------	--------------	--------------	-------------

Presidents and Registrars

Presidents

* B.W. Day	April 1868 - June 1870
* H.T. Wood	June 1870 - July 1874
* C. S. Chittenden	July 1874 - May 1889
* H.T. Wood	May 1889 - Mar. 1893
* R. J. Husband	Mar. 1893 - April 1899
* G.E. Hanna	April 1899 - April 1901
* A.M. Clark	April 1901 - April 1903
* H.R. Abbott	April 1903 - April 1907
* R. B. Burt	April 1907 - April 1909
* G.C. Bonnycastle	April 1909 - May 1911
* W.J. Bruce	May 1911 - May 1913
* D. Clark	May 1913 - May 1915
* W.C. Davy	May 1915 - May 1917
* W.C. Trotter	May 1917 - May 1918
* W.M. McGuire	May 1918 - May 1921
* M.A. Morrison	May 1921 - May 1923
* A.D. Mason	May 1923 - May 1925
* E. E. Bruce	May 1925 - May 1927
* R.C. McLean	May 1927 - May 1929
* S. S. Davidson	May 1929 - June 1931
* S.M. Kennedy	June 1931 - May 1933
* H. Irvine	May 1933 - May 1935
* G.H. Holmes	May 1935 - May 1937
* E.C. Veitch	May 1937 - May 1939
* L.D. Hogan	May 1939 - May 1941

* F. A. Blatchford	May 1941 - May 1943
* G.H. Campbell	May 1943 - May 1945
* S.W. Bradley	May 1945 - May 1947
* H.W. Reid	May 1947 - May 1949
* S. J. Phillips	May 1949 - May 1951
* R.O. Winn	May 1951 - May 1953
* C.M. Purcell	May 1953 - May 1955
* R. J. Godfrey	May 1955 - May 1957
* M.C. Bebee	May 1957 - May 1959
* M.V. Keenan	May 1959 - May 1961
* A.H. Leckie	May 1961 - April 1963
W.G. Bruce	April 1963 - April 1965
* J. P. Coupland	April 1965 - Feb. 1967
J. D. Purves	Feb. 1967 - Jan. 1969
H.M. Jolley	Jan. 1969 - Jan. 1971
N.L. Diefenbacher	Jan. 1971 - Jan. 1973
P. P. Zakarow	Jan. 1973 - Jan. 1975
R. P. McCutcheon	Jan. 1975 - Jan. 1977
E.G. Sonley	Jan. 1977 - Jan. 1979
A. J. Calzonetti	Jan. 1979 - Jan. 1981
C.A. Doughty	Jan. 1981 - Jan. 1983
R. L. Fillion	Jan. 1983 - Jan. 1985
G.E. Pitkin	Jan. 1985 - Jan. 1987
G. Nikiforuk	Jan. 1987 - Jan. 1989
W. J. Dunn	Jan. 1989 - Jan. 1991
R.M. Beyers	Jan. 1991 -

Registrars

* J. O'Donnell	April 1868 - July 1870
* J. B. Willmott	July 1870 - June 1915
* W.E. Willmott	July 1915 - May 1940
* D.W. Gullett	May 1940 - July 1956
W. J. Dunn	July 1956 - Feb. 1965
K. F. Pownall	Feb. 1965 - July 1990
R. L. Ellis	July 1990 -

* Deceased

**The Royal College
of Dental Surgeons
of Ontario**

6 Crescent Road, Fifth Floor
Toronto, Ontario M4W 1T1
Tel: 416 / 961-6555
Fax: 416 / 961-5814

**The Professional
Liability Program**

6 Crescent Road, Fourth Floor
Toronto, Ontario M4W 1T1
Tel: 416 / 944-2655
Fax: 416 / 944-2657



Printed on recycled paper.

DENTAL INFORMATION BOX

Royal College of
Dental Surgeons
of Ontario

1992

P R O C E E D I N G S

BINDING SHELF

PLEASE
ASK AT
THE DESK
FOR THIS
BOOK

R
REFERENCE

**Self-governance
is a privilege**

**Our Mandate:
Protect and serve
the public**

R.C.D.S. President's Report	2
Council and Electoral Districts	4
Committees	6
Staff	7

Committee Reports

Statutory

Executive	8
Complaints	14
Discipline	17
Registration	18

Standing

Audit	21
Continuing Competence	22
Dental Hygiene Matters	23
Finance and Property	27
General Purpose	34
Legal and Legislation	35
Professional Liability Program	36

Faculty of Dentistry Reports

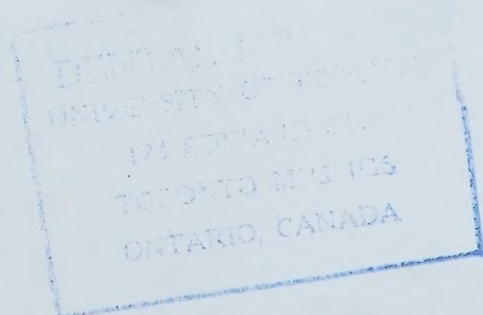
University of Toronto	40
University of Western Ontario	42

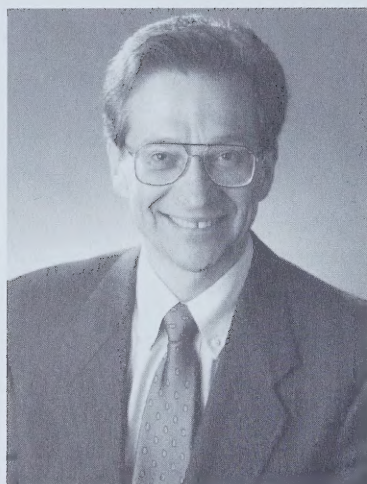
Other Reports

Inspector	44
The Dentistry Review	44
The National Dental Examining Board of Canada	45
Statistical	46

Presidents and Registrars	48
----------------------------------	----

Council Meetings: May 21, 22; November 19, 20





Dr. Richard M. Beyers

During 1992, the Royal College of Dental Surgeons of Ontario continued to regulate the practice of dentistry and dental hygiene under the *Health Disciplines Act*. Much of the College's focus was, however, directed toward the new legislation and the changes it will bring with it. This new legislation, the *Regulated Health Professions Act* (RHPA) and the accompanying twenty-one Profession Specific Acts, was given Royal Assent in the Provincial Legislature in November 1991. A great deal of work still needs to be completed before it can come into force. Proclamation of the RHPA is now expected in the fall of 1993.

In late 1991, the Government of Ontario targeted proclamation of the RHPA for early 1993. With this in mind, the RCDS Council sought and obtained from the Government a regulation change which eliminated the necessity of holding an election for Council members in November of 1992, thereby extending the term of office of the current Council. Similarly, the RCDS Council, by resolution, extended the term of the official dental hygiene observers on the Council. The intent was to have the current Council complete the transition work and then hold an election under the RHPA, and specifically the *Dentistry Act*, as soon as possible after proclamation – in early 1993. It also meant that the RCDS would not be required to conduct a further election for dental hygiene observers as, after proclamation, the College of Dental Hygienists will hold its own elections. Under the RHPA, the dentists of Ontario will elect twelve councillors instead of the present nine. However, by late summer of 1992, it became clear that the Government would not be ready to proclaim the RHPA in early 1993.

The delay in proclaiming the new legislation is caused, in part, by Bill 100, the *Regulated Health Professions Amendment Act*. It was introduced to add sexual abuse provisions to the RHPA. Vigorous debate continues concerning many aspects of Bill 100.

Mandatory reporting, especially for sexual impropriety, and the requirement of a College funded victim therapy/counselling program are two areas of concern to most regulatory bodies. On the other hand, the concept of zero tolerance toward sexual abuse by health care practitioners is supported by the RCDS and all other regulatory bodies. Proclamation of the RHPA cannot occur until this Bill is completed.

In 1992, progress toward proclamation of the RHPA was, however, made in several other areas. The part of the Act that establishes the Health Professions Regulatory Advisory Council was proclaimed. The role of the Advisory Council is to monitor the overall effectiveness of the RHPA. Prior to proclamation, the Advisory Council has the function of reviewing all regulations proposed under the twenty-one Profession Specific Acts for consistency and to ensure that they support the principles of the Acts. The Chair of the Advisory Council, Ms. Christie Jefferson, has undertaken to simplify and shorten the process to assure proclamation of the RHPA in 1993.

Transitional Councils for seven new self-governing professions have been established. This includes the transitional Council for the College of Dental Hygienists. In anticipation of the establishment of the new College, the RCDS Council approved, in 1988, a number of recommendations of a specially appointed Task Force on Dental Hygiene Transition which will facilitate the transfer of governance for dental hygienists. In consultation with the transitional Council for the College of Dental Hygienists, the RCDS has begun to introduce the provisions that were made in 1988.

During 1992, the *Consent to Treatment Act* and its companion legislation received Royal Assent. The purpose of these Acts is to safeguard the rights of patients to make informed decisions about their health related treatments or to have a designated substitute decision maker give consent if the patient is incapable of doing

so. The RCDS participated in the public hearings conducted with respect to this legislation. It expressed to Government its support of the basic principles behind the legislation while also expressing serious concerns regarding the vast complexities. Although the legislation has received Royal Assent, it has not yet been proclaimed.

In response to the concerns of society in respect of sexual abuse and/or impropriety by health professionals, the RCDS drafted and distributed a sexual abuse prevention plan which espouses the basic precepts "that patients have the right to expect dental care which places no sexual demands upon them and that there is no place in dental practice for physical contact that could be construed as sexual violation." This plan will form the basis for the Patient Relations Committee which the College will establish under the governance of the RHPA.

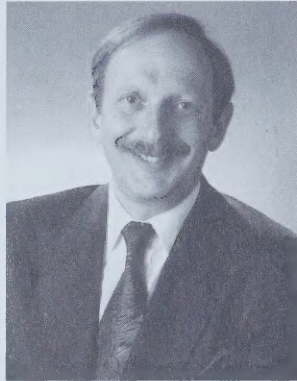
The RCDS Council dealt, in 1992, with many other significant issues that will have far-reaching implications for the practice of dentistry in Ontario. These include: the guidelines on infection control, the principle of universal examinations for first-time registrants in dentistry and the policy respecting the infected/affected dental care provider. Details of these and other important matters are contained in the committee reports that follow.

It is my privilege to continue to serve the public of Ontario and the professions of dentistry and dental hygiene as President of the RCDS. These are important and changing times in the delivery of health care. The challenge is to provide direction for members of the profession, not in the familiar context of yesterday, but rather within the social, political and economic context of today.

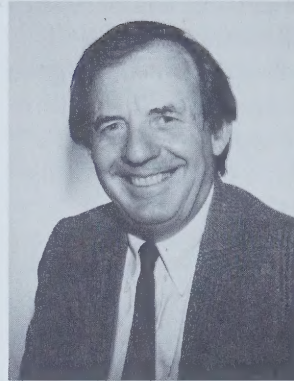
Electoral Districts

- 1 Composed of the counties of Dundas, Frontenac, Glengarry, Grenville, Lanark, Leeds, Lennox and Addington, Prescott, Renfrew, Russell and Stormont, and The Regional Municipality of Ottawa-Carlton.
- 2 Composed of the counties of Hastings, Northumberland, Peterborough, Prince Edward and Victoria, the Provincial County of Haliburton and The Regional Municipality of Durham.
- 3 Composed of the territorial districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Rainy River, Sudbury, Thunder Bay, and Timiskaming.
- 4 Composed of The Municipality of Metropolitan Toronto and The Regional Municipality of York.
- 5 Composed of the counties of Bruce, Dufferin, Grey, Huron and Simcoe, and the territorial districts of Muskoka and Parry Sound.
- 6 Composed of the counties of Elgin, Essex, Kent, Lambton, and Middlesex.
- 7 Composed of the counties of Brant, Oxford, Perth and Wellington, and the regional municipalities of Haldimand-Norfolk and Waterloo.
- 8 Composed of the regional municipalities of Halton, Hamilton-Wentworth, Niagara and Peel.

Elected Representatives



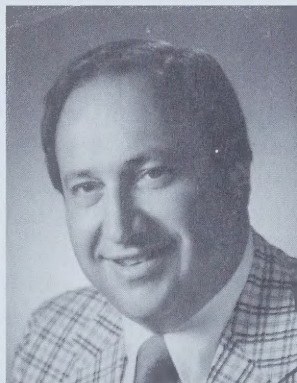
G.P. Citrome, D.D.S.
District 1



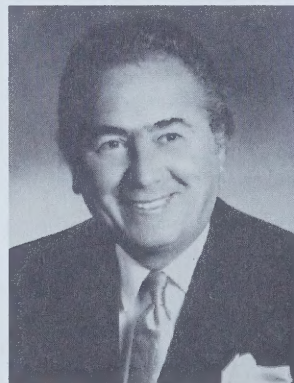
J.I.H. Fawcett, D.D.S.
District 2



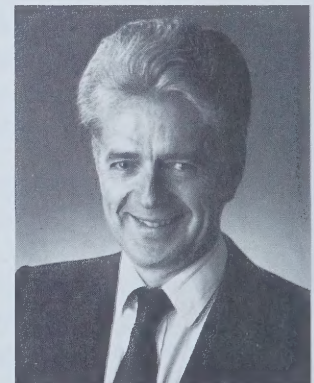
T.G. White, D.D.S.
District 3



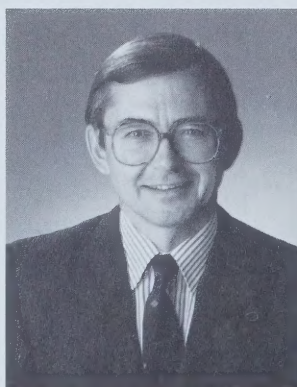
M.D. Klotz, D.D.S.
District 4



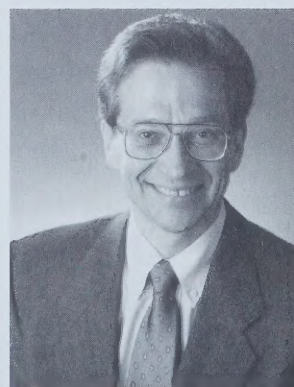
M. Yasny, D.D.S.
District 4



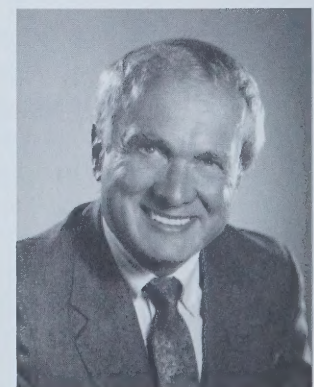
P.W. Dean, D.D.S.
District 5



J.E. Stakiw, D.M.D.
District 6

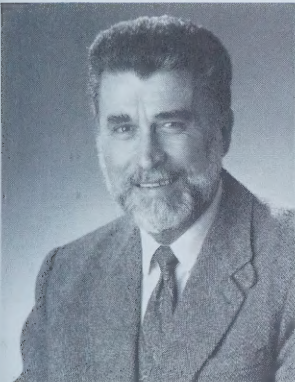


R.M. Beyers, D.D.S.
District 7

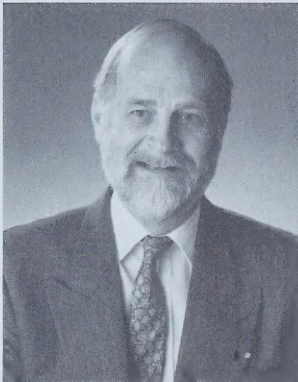


R.T. Lang, D.D.S.
District 8

University Representatives



C.O. Munroe, B.Ch.D.
University of Toronto



I.D.F. Schofield, D.D.S.
University of Western Ontario



E.F. Jesin
Toronto

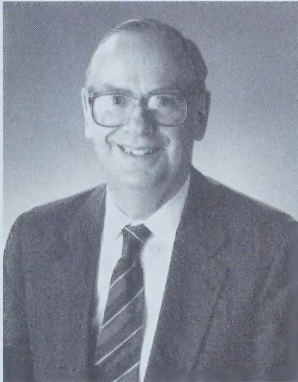


L.L. Mickelson
Thunder Bay

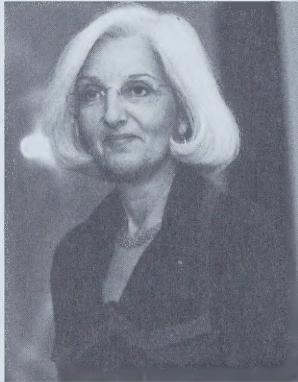
Lieutenant Governor in Council Appointees



E.F. Chubb
Toronto



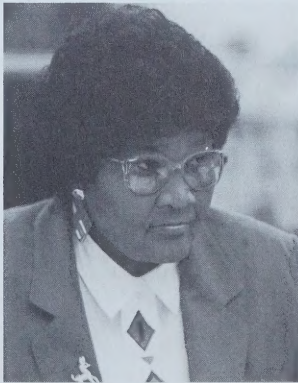
R.J. Cowan
Toronto



S.N. Gelberg
King City



M. Harding
Toronto



E. Prescod
Toronto

Dental Hygiene Districts

The Municipality of
Metropolitan Toronto and
The Regional Municipality of
York.

Outside The Municipality
of Metropolitan Toronto and
The Regional Municipality of
York.

Committees

President:*

Dr. R.M. Beyers

Vice-President:

Dr. R.T. Lang

Statutory Committees

Executive - Part "A":

Dr. R.M. Beyers (Chair)

Dr. G.P. Citrome

Dr. P.W. Dean

Ms. M. Harding

Dr. R.T. Lang

Ms. L.L. Mickelson

Executive - Part "B":

Dr. P.W. Dean (Chair)

Dr. R.M. Beyers

Dr. G.P. Citrome

Ms. M. Harding

Dr. R.T. Lang

Ms. L.L. Mickelson**

Complaints:

Dr. T. Gordon White (Chair)

Mrs. S.N. Gelberg

Dr. M.D. Klotz

Mrs. E.F. Jesin**

Discipline:

Dr. I.D.F. Schofield (Chair)

Mrs. E.F. Chubb

Mr. R.J. Cowan

Dr. J.I.H. Fawcett

Dr. R.T. Lang

Dr. C.O. Munroe

Dr. J.E. Stakiw

Dr. M. Yasny

Ms. L.L. Mickelson**

Registration:

Dr. G.P. Citrome (Chair)

Dr. R.M. Beyers

Mr. R.J. Cowan

Ms. L.L. Mickelson**

Standing Committees

Audit:

Mrs. S.N. Gelberg

Dr. R.M. Beyers*

Dr. J.I.H. Fawcett

Dr. J.E. Stakiw

Continuing Competence:

Dr. C.O. Munroe (Chair)

Dr. R.M. Beyers*

Dr. P.W. Dean

Mrs. S.N. Gelberg

Mrs. E.F. Jesin

Dr. J.E. Stakiw

Dental Hygiene Matters:

Mrs. E.F. Jesin (Chair)

Dr. R.M. Beyers*

Mrs. E.F. Chubb

Mrs. L.L. Mickelson

Dr. T. Gordon White

Finance and Property:

Dr. R.T. Lang (Chair)

Dr. R.M. Beyers*

Dr. P.W. Dean

Mrs. E.F. Jesin

Ms. E. Prescod

Dr. M. Yasny

General Purpose:

Dr. G.P. Citrome (Chair)

Dr. R.M. Beyers*

Mr. R.J. Cowan

Mrs. E.F. Jesin

Dr. M.D. Klotz

Legal and Legislation:

Dr. T. Gordon White (Chair)

Dr. R.M. Beyers*

Dr. G.P. Citrome

Dr. J.I.H. Fawcett

Ms. M. Harding

Ms. L.L. Mickelson

Professional Liability Program:

Dr. J.E. Stakiw (Chair)

Dr. R.M. Beyers*

Mrs. E.F. Jesin

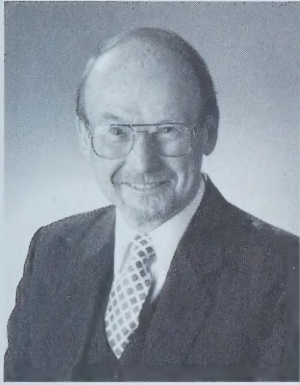
Ms. E. Prescod

* The President is an *ex-officio* member on all Committees, with the exception of the following:

1. Complaints
2. Discipline
3. Registration

** May be invited to attend any meetings of the Committee where matters involving *Dental Hygiene* in general and/or a *Dental Hygienist* in particular are to be discussed.

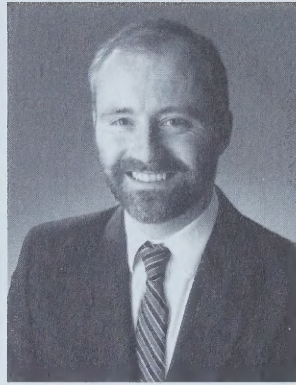
Staff



R.L. Ellis, D.D.S.



M.H. Stein, D.D.S.



J.M. Gillespie, D.D.S.

Registrar

Roger L. Ellis, D.D.S.

Deputy Registrar

Minna H. Stein, D.D.S.

Assistant Registrars

James M. Gillespie, D.D.S.

Robert T. Hindman, D.D.S.

Executive Assistant

Linda D. Strevens, B.Sc.D.



R.T. Hindman, D.D.S.



L.D. Strevens, B.Sc.D.

Director Administrative Services

David E. Carruthers, C.A.

Professional Liability Program Administrator

James M. MacMillan, LL.B.

Solicitors

Shibley, Righton

Auditors

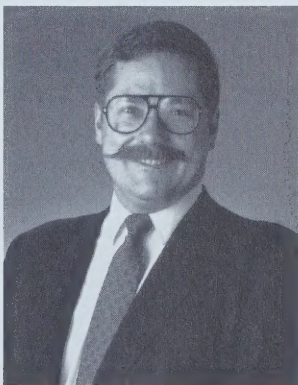
Peat Marwick Thorne

Bankers

The Royal Bank of Canada



D.E. Carruthers, C.A.



J.M. MacMillan, LL.B.



Dr. R. Beyers, Dr. R. Ellis (Registrar)

Chair: R.M. Beyers

Members: G.P. Citrome, P.W. Dean, M. Harding, R.T. Lang, L.L. Mickelson

Introduction

The Executive Committee of the Royal College of Dental Surgeons of Ontario is currently established under the authority of Part II of the *Health Disciplines Act*. The Committee performs such functions of the Council as that body delegates to it and acts upon those matters that require immediate attention between meetings of the Council. Council has the authority to reverse or amend an Executive Committee action.

The following are the significant matters and issues to which, during 1992, the Executive Committee directed its attentions and which were reported to Council for its information and, when necessary, action.

Federation of Health Regulatory Colleges of Ontario

At an initial meeting of all professions regulated under the RHPA there was unanimous agreement to create an organization of regulatory bodies that would provide a forum for effective consultation and communication. Terms of reference, organizational structure, committee structure, administration, finances and initial priorities were agreed upon including being named the Federation of Health Regulatory Colleges of Ontario.

The RCDS joined the Federation as it will provide a forum for all Colleges to serve and protect the public interest through the sharing of information and the development of common initiatives. The purpose is not that of a lobby group.

The Federation will initially be addressing issues of common interest such as drafting of regulations, public education, sexual abuse and quality assurance.

Council Elections - 1992

The Ministry of Health gave approval to a regulation amendment allowing the College **not** to hold elections for Council in December, 1992. This extends the term of office of the current members of Council until proclamation of the *Regulated Health Professions Act*.

Conflict of Interest Guidelines for Council Members and Staff

The College undertook to further develop conflict of interest guidelines for Council members and staff beyond what already exists in the By-Laws. Three simple tests will be applied to determine a conflict: acquiring a gain or avoiding a loss, acquiring information and acquiring influence. The regulations and/or the by-laws will be redrafted to ensure that a Council member or a member of staff does not involve himself/herself in or participate in decisions in any matter in which that person has a pecuniary or stakeholder interest.

Human Resource Planning

To date, it has not been part of the College's mandate to include responsibility to control the number of dentists or dental hygienists in the province. The matter might well become a concern for the College since preliminary statistical information would appear to show a correlation between an oversupply of dentists and overtreatment or unnecessary treatment.

The College will be undertaking further investigation as to the number of dentists, distribution of dentists, number of specialists as to the public's access to dental services. The College of Physicians and Surgeons of Ontario, College of Nurses of Ontario and McMaster University will be contacted in light of their involvement in the area of human resource planning.

During 1992, the College contacted Employment and Immigration Canada due to the fact that "dental hygienist" was designated in a "Designated Occupation List" as being in shortage in Ontario. In light of recent information on the subject this would not appear to be the case except in a few remote areas. The College expressed a wish to be part of Employment and Immigration's consultative process on the assignment of points relating to shortage or surplus situations.

Appointment of an Additional Assistant Registrar

During 1992, the search for an additional Assistant Registrar was completed. The College employs a Registrar, Deputy Registrar, two full-time Assistant Registrars and a part-time Assistant Registrar on a three-day per week contractual basis and a full-time Executive Assistant to carry out the registrarial duties including complaints, discipline hearings and all other matters under the *Health Disciplines Act* (Dentistry).

Due to increased workload considerations, the part-time position was increased to a full-time position commencing as early as possible in 1993. Dr. Fred Eckhaus was the successful candidate for this position.

Ontario Health Professionals Assistance Program

The College applied for and was granted membership in the Ontario Health Professionals Assistance Program (OHPAP).

OHPAP is a co-operative venture formed by ten health care professional and licensing bodies representing seven health care professions: chiropractic, dentistry, medicine, nursing, optometry, pharmacy, and veterinary medicine. OHPAP's primary purpose is to provide advice and referral services for health professionals with drug and/or alcohol dependency problems. OHPAP is also involved in programs of education, prevention and support of research into substance abuse.

To date approximately 180 health professionals have called on the services provided by OHPAP among them 20 dentists and 2 dental hygienists but no dental assistants.

Frequency of Council Meetings

In order to allow Council to make decisions on some of the issues that would otherwise have to be addressed by the Executive Committee due to response deadlines, and to allow Council to have more of a strategic and operational nature with shorter implementation turn around for policies and procedures, Council agreed that the Council of the College hold at least three regular meetings in a calendar year commencing in 1993.

Appointment of Audit Committee

Council established a separate Audit Committee comprising of three members of Council (two dentists and one public representative). The Committee's report can be found in this Proceedings.

American Association of Dental Examiners

The College joined the American Association of Dental Examiners as a member agency. As such the College is entitled to monthly reports from the Clearinghouse for Board Actions. The purpose of the Clearinghouse is to provide a central register where the final actions taken by Licensing Boards are recorded. In this way the College is kept informed of matters regarding whose licence is under suspension, restricted, etc. of potential applicants in Ontario.

Committee Appointments

Due to four resignations from Council (three dentists and one public representative), new appointments to several of the College's Committees were required for the balance of the 1991-1992 term of office. The list of Committees is contained in the front section of this publication.

Guidelines for the Prevention of Sexual Abuse/Impropriety in the Dental Office

The Ministry of Health distributed a position paper "Taking Action Against Sexual Abuse of Patients" to all health regulatory Colleges asking for comments. Based on the direction given by the Executive Committee, the senior staff of the College in consultation with legal counsel responded to the position paper on November 6, 1992. Further consultations on the matter are expected in 1993.

The College also developed "Guidelines for the Prevention of Sexual Abuse/Impropriety in the Dental Office" which were published in the July issue of Dispatch. These guidelines will be reviewed and re-issued with the creation of a Patient Relations Committee following proclamation of the *Regulated Health Professions Act* in 1993.

French Language Services

Section 86 of the *Regulated Health Professions Act* states that "a person has the right to use French in all dealings with the College" and that "the Council shall take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College."

In preparation for proclamation of the new Act, the College has developed a French Language Service Implementation Plan in accordance with guidelines provided by the Ministry of Health. As part of this plan, the 1992 membership renewal form included questions in respect of preferred languages. Of the 5,865 practising dentists in Ontario: 598 (10.20%) are proficient in French, 47 (0.80%) would prefer to receive services in French; 21 (0.36%) would prefer to receive documentation in French; and 83 (1.42%) would prefer to receive documentation in English and French.

Consumer and Business Practices Code

The College responded to the Consultation Draft of the Consumer and Business Practices Code with respect to the extent to which consumer protection legislation should apply to the delivery of dental services in Ontario. The Ministry of Health also reviewed the Consultation Draft in juxtaposition to the *Health Disciplines Act* and the *Regulated Health Professions Act*.

The College brought to the attention of the Deputy Minister of Consumer and Commercial Relations that the Consultation Draft had originally not been contemplated by the proposers to encompass the provision of health care services, that the RHPA and the regulations made under it are designed to govern the conduct of health professionals and control any unfair business practices, that the protection of the public in respect of the provision of health care services should be left to the Ministry of Health pursuant to the RHPA, and that the Consultation Draft shows inconsistencies with the objects of and provisions under the RHPA.

Professional Liability Program/Perceived Conflict of Interest

The matter of a perceived conflict of interest between the Professional Liability Program and the rest of the College's role in protecting the public interest was once more addressed during 1992. Several council

members expressed the desirability of operating the Program more at arms length from the College even though enabling legislation allows the College to be directly involved in a professional liability program.

As a result of further discussion on this matter, Council agreed to the creation of a Professional Liability Program Committee composed of mostly non-Council members. As of the proclamation of the *Regulated Health Professions Act*, the Professional Liability Program Committee will be composed of only one member of Council, that Council member being one of the members appointed by the Lieutenant-Governor-in-Council, who shall be Chair, and other dentists who shall not be members of Council. The Committee will be made up of three non-Council dentists and the one public member of Council with all members of the Committee being appointed by Council. The President will not be an ex-officio member of the Committee as he/she participates on other committees. The public member of Council will have had no previous experiences on either the College's Complaints or Discipline Committee.

Regulated Health Professions Act

The College continued throughout 1992 to review its regulations under the *Health Disciplines Act* and proposed regulations previously submitted to the Ministry of Health in preparation for proclamation of the *Regulated Health Professions Act*.

The Ministry of Health has used a "template" concept to standardize the regulations for all health professions. It is the Ministry's belief that the template approach will expedite the development of the regulations and simplify future amendments. The template approach should also allow for more consistent judicial interpretation and ensure that the public has common "patient rights" among the professions.

While it would be desirable to have all of the regulations ready by the time of proclamation, the Ministry intends to proceed first with those clearly necessary for functioning as a regulatory body as outlined in Group A followed by Group B. The initial grouping proposal is:

Group A:

- Electoral Districts, Elections of Council Members, and Compositions of Committees
- Registration Requirements
- Examinations
- Advertising
- Prescribed Records
- Inspection/Examination of Records/Premises
- Grounds of Professional Misconduct
- Fees
- Notice of Open Meetings/Hearings to the Public

Group B:

- Maintenance of the Register
- Reporting and Publication of Decisions of Panels
- Standards of Practice
- Conflict of Interest
- Collection of Statistical Information

The College offered specific comments on the "template" or "model" regulations as circulated by the Ministry of Health as well as the priority of dealing with regulation groupings. The Task Force on Dental Hygiene Regulation prepared a response to the model regulation in respect of regulations for dental hygienists.



Dr. P. Dean

Chair: P.W. Dean

**Members: R.M. Beyers, G.P. Citrome, M. Harding,
R.T. Lang, L.L. Mickelson***

During the year 1992, twenty-six members were interviewed by the Executive B Committee of which nine were referred to Discipline. The following is a partial list of some of the more serious concerns addressed during the interviews:

- the inappropriate prescribing of narcotics
- the inappropriate dispensing of Valium to a person for non-dental reasons
- the appropriateness of the member's advertisement
- the illegal use of auxiliaries particularly preventive dental assistants
- the practice of forgiving the co-payment
- the performance of duties while a dentist was not present to supervise
- the alleged use of cocaine by a member
- the inappropriate use of Nitrous Oxide
- charging for services not rendered
- failure to maintain the standards of practice of the profession
- knowingly submitting false or misleading accounts or false or misleading charges for services rendered to a patient
- falsifying a record regarding the examination or treatment of a patient and/or falsifying a record in respect of a prescription
- permitting, counselling or assisting any person who is not licensed under Part II of the Act to engage in the practice of dentistry
- unprofessional advertising.

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

REFERRALS TO DISCIPLINE were made for the following reasons:

- failed to make, keep and/or maintain adequate or accurate clinical and financial records relative to patients
- permitted, counselled or assisted a person who was not licensed under Part II to engage in the practice of dentistry
- engaged in the practice of dentistry in partnership with a person other than a member
- knowingly submitted a false or misleading account or accounts or false or misleading charge or charges for services rendered to one or more patients
- signed or issued a certificate or similar document that contained a statement that the member knew or ought to have known was false or misleading or otherwise improper
- been found guilty of an offence relevant to the suitability to practice dentistry, particularly sexual assault
- been convicted of an offence that affects the fitness to practice dentistry, particularly sexual assault.

Committee direction was provided for the following:

A variety of concerns regarding conduct of some members were expressed on these subjects:

- 1 members' involvement in a union administration dental clinic;
- 2 the prescribing of narcotic drugs for non-dentally related reasons;
- 3 abuse of prescribing privileges;
- 4 the establishing of a course for members to better understand prescribing practices and the problems with drug abuse and diversion. The Committee reviewed results of five members who successfully completed the course and also reviewed the results of the Oral Diagnosis and Oral Radiology course taken at the University of Toronto by 12 members who had signed an Undertaking/Agreement with the College as part of their discipline penalty.

Licensing of Associate/Hygienists

It is the responsibility of the dentist to ensure that employees requiring licences to practise do, in fact, have valid licences.

Areas of Concern

1 Prescribing Practices

The Federal Bureau of Dangerous Drugs continues to monitor by computer, the inappropriate or excessive prescribing practices of members. Several members were interviewed and either placed under an office monitoring process or referred to discipline.

2 Advertising matters

- office announcements
- yellow page advertisements
- listing dental offices as emergency services when the relevant requirements have not been met
- use of unapproved assumed names.

The relatively few members who exceeded the advertising guidelines voluntarily withdrew or modified the offending advertisements to conform with the College guidelines.



Dr. T.G. White



Dr. M. Klotz

Chair: T. Gordon White

Members: S.N. Gelberg, M.D. Klotz, E.F. Jesin*

Committee Approach

The Complaints Committee continues to use a rehabilitative rather than a punitive approach in dealing with complaints. If the same goal can be reached by remedial action rather than a referral to the Discipline Committee, the Complaints Committee normally elects to take the former approach provided the public can be adequately protected. Unfortunately, there are still some cases that require a referral to the Discipline Committee.

Occasionally cases of a serious nature involving fraud or sexual abuse are sent to Discipline in order to discern the facts in a setting where all witness statements are made under oath and are subject to cross-examination. In such cases, information presented to the Complaints Committee by each side is often completely contradictory, yet the individual parties to the complaint seem credible.

Interviews

Some Colleges deal with all of their complaint procedures without interviews. Our Complaints Committee, on the other hand, often invites one or both of the parties to an interview. The Committee does not interview both sides at the same time. Although the Committee cannot compel anyone to attend, it believes that interviews can often bring forth additional important information which may help to resolve a complaint.

Screening

Many potential complaints are defused by the College staff. The staff is often able to discuss concerns raised by members of the public over the telephone. A number of these concerns do not reach the formal complaints process if, after discussion, the members of the public feel that it is not necessary to proceed with a formal complaint.

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

Complaints Committee Activity

- 1 Number of written complaints received January to December 1992 - 269
- 2 Number of written complaints resolved before entering formal investigation process - 70
- 3 Number of written complaints received January to December 1992 which entered formal investigation process - 199
- 4 Number of meetings from January to December 1992 - 23
- 5 Number of Interviews: dentists - 71; complainants - 26
- 6 Number of other cases discussed at meetings - 148
- 7 Number of decisions issued between January and December 1992 - 151
- 8 Number of dentists referred to the Discipline Committee - 15
- 9 Number of dentists referred to the Discipline Committee with respect to one complaint each - 13
- 10 Number of dentists referred to the Discipline Committee with respect to two complaints each - 2

Complaints by Area of Dentistry

A considerable number of complaints involve several areas of dentistry. The following contains a summary of the primary areas of dentistry involved in complaints during 1992.

Area	Number of Complaints
Endodontics	31
Periodontics	7
Oral Surgery	19
Prosthodontics Fixed	30
Prosthodontics Removable	13
Orthodontics	11
Paedodontics	2
Radiology	1
Sexual Abuse/Impropriety	6
General Dentistry (examinations, restorations)	43
Other (unprofessional conduct, falsifying insurance claims, fees, overcharging, charging for services not rendered)	36
Total	199

Many complaints are very complex. For example, a single complaint may involve: diagnosis, treatment rendered (and/or treatment which should have been rendered but was not), verbal or physical abuse, falsifying insurance claims or records, fees, unprofessional conduct, etc.

Health Disciplines Board

The Board is not part of the College. It is part of the provincial government.

Upon receipt of a decision of the Complaints Committee, the parties to a complaint have a period of twenty days in which to decide whether or not to request a review of the decision by the Health Disciplines Board. It often takes over a year for this review to take place. 39 decisions were appealed to the Health Disciplines Board during 1992. Review meeting dates for six (6) of these have been scheduled by the Health Disciplines Board. No dates have yet been scheduled for the remaining 33. During 1992, the Health Disciplines Board has confirmed 16 Complaints Committee decisions while returning eight to the College with instructions to issue new decisions.

Concerns

Over-treatment

Some cases have come to the Committee's attention in which pre-treatment radiographs show no or merely incipient interproximal lesions yet large multi-surface interproximal restorations have been placed. Often, they are associated with high fees. Sometimes they are associated with complications such as sensitivity, pain, the need for endodontic treatment or even loss of teeth.

Without examining the patient at the time of treatment, it is difficult to prove that over-treatment, excessive fees or some other form of professional misconduct has taken place. You must ask yourself: Is the patient worse off than he or she would have been if no

treatment had been rendered? Was the treatment necessary? Would it have been prudent to observe the lesions for a period of time?

Sexual Abuse

New government policies have brought sexual abuse to the foreground. The Royal College of Dental Surgeons of Ontario considers every allegation of sexual abuse/impropriety very seriously. In most of these cases, both parties are interviewed. The profession should be aware that any form of sexual abuse/impropriety is a very serious matter.

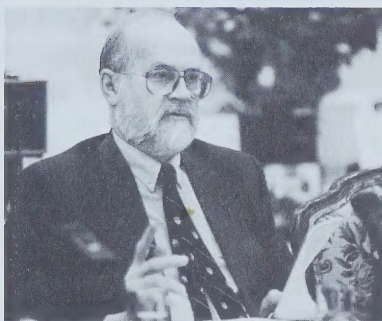
Dentistry in Ontario - Overall View

Overall, it appears that most dentists in Ontario are providing high quality dental care for their patients. If you compare the number of complaints about individual dentists to the over six thousand dentists practising in Ontario (taking into consideration that some complaints are of a frivolous nature) it is reasonable to conclude that the public of Ontario is generally satisfied with the services being provided by most dentists.

Unfortunately, there appears to be a small minority of dentists whose actions are fraudulent, or whose treatment is substandard or not in the best interests of their patients.

In the future, the Continuing Competence/Quality Assurance Committee's programs will target those who need updating or additional training and, hopefully, bring about appropriate remedial training.

Fraud and over-treatment are areas where preventive measures seem to be largely ineffective.



Dr. I. Schofield

Chair: I.D.F. Schofield

Members: E.F. Chubb, R.J. Cowan, J.I.H. Fawcett, R.T. Lang, C.O. Munroe, J.E. Stakiw, M. Yasny, L.L. Mickelson*

The Discipline Committee dealt with sixteen hearings in 1992. These hearings were reported in *Dispatch*. Twelve members were found guilty while two had charges withdrawn. There was one restoration hearing and one proceeding stayed. Of the sixteen hearings, only one member appealed the decision of the Discipline Committee. Also during the year, two appeals were dismissed by the Divisional Court of Ontario, Court of Justice.

The Committee has dealt with members who charged excessive fees, charged fees for work not performed, signed certificates which were known to be false, counselled persons not licensed to practise dentistry, failed to maintain the standards of practice and had inappropriate records. It also dealt with one member who was accused of sexual impropriety.

With regard to some of these members, the Committee

found a gradual erosion of standards over a period of years. In matters of sexual abuse of women or abuse of any patient, the Committee is committed to considering the most severe penalty, that is, revocation of the member's licence.

Dentists are reminded that they are responsible for the actions of their staff and associates.

The responsibility of self-governance given to dentistry by the government of Ontario enables members to govern their profession. Constant abuse of the public (our patients) may result in erosion of this trust and privilege.

The implementation of the *Regulated Health Professions Act* is expected by December 1993. This carries with it the fact that all discipline hearings will be open to the public. Also, members who are guilty of professional misconduct after the implementation of the new Act will have their names published, together with a summary of the incident in all cases where a revocation, suspension, or reprimand is ordered by the Discipline Committee. This openness will eliminate the mystery surrounding the discipline process. It will also reassure interested parties that the process is fair and just.



Dr. J. Fawcett, Mrs. E. Chubb

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.



Dr. G. Citrome

Chair: G.P. Citrome

Members: R.M. Beyers, R.J. Cowan, L.L. Mickelson*

The Registrar authorizes licence applications to candidates who meet all the regulatory requirements. In total 235 licences were issued for general practice in which all requirements were fulfilled. Applicants who do not meet all the regulatory requirements and wish to seek an exemption from a regulatory requirement must appear before the Registration Committee where the applicant is individually considered. In total 51 licences were approved by the Registration Committee to Canadian (citizen or landed immigrant) graduates of American schools who had successfully completed the American National and Regional Board Examinations. The following is a summary outlining the categories of licences issued:

General Licence

University of Toronto graduates	106
University of Western Ontario graduates	40
Other Canadian Schools' graduates	51
United States' Graduates	52
Foreign Graduates (NDEB Certificates)	37

Total	286
--------------	------------

Academic Licence	2
-------------------------	----------

Education Licence	16
--------------------------	-----------

There were 30 specialty certificates granted as per the following specialties:

Endodontics	2
--------------------	----------

Domenic Delle Donne
Victor Edmond Wagner

Oral and Maxillofacial Surgery	3
---------------------------------------	----------

Giorgio Andrew Aiello
Colin Francis Foster
Barrie Michael Renick

Orthodontics	12
---------------------	-----------

Bryan Altshuller
E. Susanne E. Bjorkman Niwong
George Carcao
Kent Joseph Floreani
Timothy Francis Foley
Iris L. Kivity-Chandler
Elbert Frederick Murrell
David Lawrence Sim
Jack Morris Turkewicz
LouAnn Visconti
Brian William Way
Camilo Yamin

Paediatric Dentistry	4
-----------------------------	----------

Shelina Dhanji
Randi Dawn Fratkin
Jeffrey Howard Richmond
Avraham Stockhammer

Periodontics	6
---------------------	----------

Charles Douglas Alleyn
Craig Ian Allison
Guido Galli
Mehran Mojangani
Endre Nemeth
Jean-Francois Tessier

Prosthodontics	3
-----------------------	----------

Daniel Chaim Isakow
Louis D. Menegotto
Steven Hartford Young

* May be invited to attend any meeting of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.

Universal Examinations

At the May 1992 meeting, Council approved a motion presented by the Registration Committee to work co-operatively with all stakeholders to prepare proposed regulations which will incorporate the principles that:

- 1 All applicants for registration as a member of the College will have successfully completed
 - (i) a written examination; and
 - (ii) a clinical examination which will examine each candidate to the same standard regardless as to the precise process associated with the examination;
- 2 After passage of these regulations and subject only to a reasonable delay in implementation, persons who have obtained an NDEB Certificate without examination will not have met the criteria for registration in Ontario. Furthermore, it was agreed that the College will continue to support the National Dental Examining Board (NDEB) as the body delegated to provide examinations for applicants for certification in Ontario, provided that the College receives in a timely fashion assurances that the NDEB wishes to continue this task and that its examinations and processes have been sufficiently altered to meet the College's concerns. It was further agreed that the College will accept an external examiner process as a means to examine students of the faculties of dentistry in Canada relative to the clinical portion of the certification examination, provided that the examination process can be demonstrated to be sufficiently independent of the universities and, furthermore, can be shown to test to the same standard tested by the clinical examinations provided to all other applicants.

Since then, the Registration Committee has spent considerable time discussing the implementation of the principle of universal examinations and the types of alterations to the current NDEB examination process which would be necessary in order to address



Mr. R. Cowan

Council's concerns. Discussions were also held with the Registrars from each province at a meeting in Calgary on August 29, 1992.

The Registration Committee participated in a National Dental Examining Board Symposium held in Ottawa November 1 and 2, 1992. Participants included Registrars and representatives from all ten licensing jurisdictions as well as representatives from various dental faculties, the Association of Canadian Faculties of Dentistry (ACFD), the Canadian Dental Association (CDA), and the Ontario Dental Association (ODA). The purpose of this symposium was to act as a follow-up to the Quebec Conference on Certification of Dentists in Canada and to provide a forum for the NDEB to present proposals for both the foreign trained dentist examinations and the external examiner system for dental schools in Canada.

A consensus representing the interests of various groups was presented during the meeting. The NDEB members were given clear, strong and unequivocal direction to make the modifications necessary to their comprehensive examinations which would support the College's principle of universal examinations and yet, at the same time, be supportive of national portability and the maintenance of the NDEB as the sole national certifying body. As a direct result of this direction the National Dental Examining Board, at their annual meeting in November 1992, approved motions that have in effect addressed the College's concerns. Commencing in January 1994 an NDEB certificate will only be obtained by successful completion of examinations; and

- *all candidates* (Canadian and foreign trained) will sit written examinations set by the NDEB;
- *each* Canadian trained candidate will undergo a clinical examination by an NDEB external examiner process. The examiners will be given a meaningful role in that they would independently have the power to withhold the NDEB certificate.

At the present time, the Registration Committee is continuing its discussions with the NDEB with respect to the implementation of these universal examinations.

Dental Hygiene Appeals

The Registration Committee reviews appeals from candidates who are unsuccessful in the dental hygiene licensing examinations. The Committee considered seven such appeals. Two of the candidates had taken their dental hygiene examinations three times and were requesting the opportunity to try the examination a fourth time since Council's policy does not permit a fourth attempt. The Committee granted those requests along with a recommendation that each candidate be strongly urged to choose a method of upgrading until they are confident of their skills. Five of the candidates were appealing the decision of the examiners. These appeals were denied based on the fact that the team of examiners had agreed on the results and that each candidate was in need of remedial training. Each candidate had the opportunity to try the examination again.

The RCDS wishes to thank the following consultants for their help in reviewing applications and assisting the Registration Committee in assessing qualifications:

Specialty

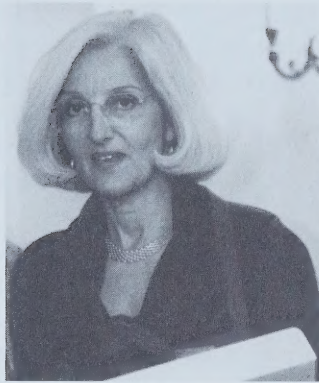
Dental Public Health
Endodontics
Oral Pathology
Oral Radiology
Oral & Maxillofacial Surgery
Orthodontics
Paediatric Dentistry
Periodontics
Prosthodontics

Appointed by RCDS

Dr. Patricia Main
Dr. J. Keith Hunter
Dr. David Mock
Dr. George C. Stirling
Dr. Harry M. Amos
Dr. W. Doug Beaton
Dr. Donald A. King
Dr. Brian E. Reed
Dr. Philip A. Watson

Appointed by Specialty Group

Dr. Birty Williams
Dr. Wayne H. Pulver
Dr. Thomas D. Daley
Dr. Sidney M. Fireman
Dr. Ginny Papsin
Dr. Raymond G. Bozek
Dr. Franklin Pulver
Dr. Robert Turnbull
Dr. B. Larry Pedlar



Mrs. S. Gelberg

Chair: S.N. Gelberg

Members: R.M. Beyers (ex-officio), J.I.H. Fawcett, J.E. Stakiw

The *Health Professions Act* establishes the College as the Board of Directors that shall manage and administer its affairs.

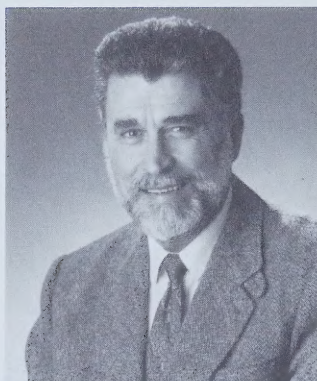
Today, all Boards of Directors are under increasing pressure to account for how they manage the affairs of their organizations and the College is no exception. It is to this College's credit that it may be the first of the health profession governing bodies to establish an Audit Committee to assist with this task.

The success of the Audit Committee will depend on the resourcefulness and dedication of its members and the support and full cooperation of the Council and its management. On behalf of the Committee, I am pleased to report that such cooperation has been forthcoming from all involved.

The Audit Committee has consulted with the Auditors and management in establishing the scope of the audit for the RCDS and its Pension Plan, has reviewed the annual audited financial statements, and is working with management to review and implement the recommendations made by the Auditors in their interim management letter.

From a fiscal standpoint, the College continues to be well managed. However, no organization is without areas where there can be some improvement. To this end, we are looking at several areas where changes can take place as resources allow. To provide more accountability as well as greater flexibility, quarterly financial statements have been instituted to allow ongoing comparisons between expenditures and budgets.

A copy of the 1992 audited financial statements as approved by Council in June, 1993 will be published separately for insertion into the pocket on the back cover of the 1992 Proceedings.



Dr. C. Munroe

Chair: C.O. Munroe

**Members: R.M. Beyers (ex-officio), P.W. Dean,
S.N. Gelberg, E.F. Jesin, J.E. Stakiw**

Mandatory Continuing Dental Education

After eighteen months of development, the Committee presented to Council in May 1992, the proposal for a Mandatory Continuing Dental Education program. After minor revisions, the Council approved the program proposal at the November 1992 meeting. The Committee's recommendation for additional full-time staff to support this program was also approved at the same meeting. As such, a "Director" of Quality Assurance will be appointed during mid-1993.

Workshop on Quality Assurance in Dentistry

The Committee, together with Dr. James L. Leake, Head of the Department of Community Dentistry at the Faculty of Dentistry, University of Toronto and

member of the Community Dental Health Services Research Unit, presented a draft proposal for a workshop on quality assurance to be held in the Fall of 1993. This was also approved at the Council meeting of November 1992 under the direction of a joint committee of the University of Toronto and the Royal College of Dental Surgeons.

Continuing Education Survey

A detailed Continuing Education Survey was designed by the Committee and following proposals from three consulting companies, Decima Research was contracted to conduct the survey and analyze the data. The survey was completed in November/December 1992 with the response from the profession being above average. The results are currently being assessed and will be published in *Dispatch*.

Course in Ethics and Jurisprudence

The first course in ethics and jurisprudence for dentists who have received their undergraduate dental education outside this province was held in June of 1992 under the direction of Dr. W.J. Dunn of the University of Western Ontario. This course was well received and has since been repeated in the Fall of 1992 and is planned to continue in the Spring of 1993. It is anticipated that the course will be conducted regularly on an annual basis.

Guidelines to Clinical Practice

The Committee has been reviewing the guidelines to clinical practice and is currently reviewing a draft of a guideline in Paediatric Dentistry for presentation to Council in June 1993.



Mrs. E. Jesin

Chair: E. Jesin

**Members: R.M. Beyers (ex-officio), E.F. Chubb,
L.L. Mickelson, T.G. White**

Introduction

1992 represented a significant year for the Dental Hygiene Matters Committee and the dental hygienists in the province of Ontario. This was the year of preparation for the transition of dental hygiene regulation from the Royal College of Dental Surgeons to the College of Dental Hygienists of Ontario with the establishment of the Transitional Council. With proclamation of the *Regulated Health Professions Act* and the profession specific *Dental Hygiene Act*, the profession of dental hygiene will move from being regulated by the Royal College of Dental Surgeons of Ontario to self-regulation, and will be required to ensure competence amongst its members as well as provide a measure of protection to the public.

Special Levy Administered to Dental Hygienists for the College of Dental Hygienists

The Dental Hygiene Matters Committee recommended to Council approval to extend the special levy (\$40.00) portion of the dental hygiene licence fee for 1993. This continuous levy ensures that the College of Dental Hygienists of Ontario will have sufficient funds for its initial start-up activities.

The Task Force on Dental Hygiene Regulation

This subcommittee of the Dental Hygiene Matters Committee under the direction of Ms. Mickelson as Chair, met on several occasions to review the current regulations affecting dentistry, and in turn, to develop and establish the principles that will deal with the future regulations of dental hygiene relative to Bill 43, the *Regulated Health Professions Act* and Bill 47 the *Dental Hygiene Act*. Mr. A. Bromstein, the College's legal counsel assisted the members through the legal maze of terminology and the establishment of working principles.

In June, the Committee, in conjunction with representatives of the Ontario Dental Hygienists' Association, revised the core regulations that were circulated in early 1992 by the government. A response was submitted with regards to:

- annual registration fee for the College of Dental Hygienists (CDHO)
- composition of committees of Council
- appointment of non-Council members to College committees
- eligibility for election to the Council

Proposed regulations respecting professional misconduct, record keeping, registration and entry to practice were left for the Transitional Council of the College of Dental Hygienists to discuss. Letters from the Task Force and the President of the RCDS were forwarded to the Ministry of Health requesting that early attention be given to establish the Transitional Council for the College of Dental Hygienists of Ontario. Dental hygiene is in the unique position of having identified its registrants as well as having the availability of financial and administrative resources.

Under the direction of the Task Force on Dental Hygiene Regulation, a notice was sent to all licensed dental hygienists of Ontario requesting their interest in letting their name stand for membership on the Transitional Council. In June of 1992, Mr. A. Burrows, Director of the Professional Relations Branch, Ministry of Health, directed the Task Force on Dental Hygiene Regulation to submit nominations for the professional members of the Transitional Council for the College of Dental Hygienists of Ontario. The Ministry contacted all relevant academic training programs, inviting them to submit nominations for the academic member to be appointed to the Transitional Council.

Mr. Burrows informed the members of the Task Force that the Transitional Council for dental hygiene would consist of twelve members, 6 public members, 1 academic, 2 dental hygiene official observers from the RCDS and 3 additional dental hygienists. Subsequently, Ms. Mickelson informed the members of the DHMC that the Transitional Council for the College of Dental Hygienists of Ontario had been established comprising the following members: Six professional members: L. Mickelson (Chair), D. Bowes, E. Jesin, S. Martel, J. Rogers, D. Scanlan; and six public members: D. Peebles (Vice Chair), P. Danard, S. Hugo, M. Lee, W. Malkiewich, and D. Page.

The Transitional Council will propose regulations pertaining to electoral districts for elections, eligibility for election, certificate of registration requirements for entry to practice and re-registration. The Transitional Council is also charged with the responsibility of establishing the administrative infrastructure of the College.

The new legislation shifts more emphasis to client/consumer involvement, health promotion and community based services. Accountability of health care providers, affordability and accessibility of services are key concepts in this legislation. Under the

RHPA dental hygienists will be accountable and responsible for their professional activities. The dental hygiene scope of practice in Bill 47 is:

"The practice of dental hygiene is the assessment of teeth and adjacent tissues and treatment by preventive and therapeutic means and the provision of restoration and orthodontic procedures and services."

It is important that dental hygienists be familiar with the new legislation and be aware of its significance to their practice and their relationships with clients and other health care providers.

Continuous quality improvement will be of essence during dental hygienists' careers. Educational/training programs can be initiated which will empower and prepare registrants for decision making responsibilities as well as societal changes.

At the November 1992 Council meeting, a motion directed the disbanding of the Task Force on Dental Hygiene Regulation upon the initial meeting of the Transitional Council for the College of Dental Hygienists of Ontario.

Sincere gratitude and appreciation are extended to Lynda Mickelson, Linda Strevens, Jane Rogers, Linda Berry, Joyce Weinman, Margaret Walsh, Jackie Ferguson, Michele Harding, and Alan Bromstein for their valuable input and guidance with the Task Force activities.

Licensing Examinations

The Committee received and approved the report of the Chief Examiners for the dental hygiene licensing examinations. Dr. Jocelyn Pearce has joined the team of dental examiners based on her experience in the fields of dental hygiene and dentistry and her experience as a previous examiner. Dr. Peter Poulos has also joined the team of dental examiners based on his clinical dentistry experience and his clinical teaching. Of the 364 candidates participating in the 1992 licensing examination

procedures, 346 successfully met the licensing requirements. It is interesting to note that of the 104 candidates sitting the out-of-province examination, 96 were Ontario residents.

Human Resources - Statistical Data 1991-1992

Using the RCDS statistical data outlining the ratio of dentists to dental hygienists per county and district, a comparison of information between the years of 1991 and 1992 was analyzed. The DHMC reviewed the information that the provincial ratio of dentists to dental hygienists in 1991 was 1.43 dentists to 1 dental hygienist and in 1992 the ratio was 1.35 dentists to 1 dental hygienist. As the numbers of dental hygienists and dentists continue to increase, the Committee members agreed that it is important to monitor the statistical information gathered and that all the data be forwarded to the College of Dental Hygienists when established.

The current enrollment in all the Colleges of Applied Arts and Technology is 322 students distributed among 13 dental hygiene programs. Currently, there are 4,499 licensed dental hygienists in Ontario, of which 4,289 practice in the province while 109 are licensed but reside outside of Ontario. Based on the 1992 license renewal form questionnaire analysis of the 3,935 dental hygienists who responded, 59.3% are working four or more days per week. Other employment distribution factors include: 16.5% working 3 days per week; 10.3% working 2 days per week; 2.8% working 1 day per week; 6% seeking employment. This has greatly increased as usually the figure reflects 1-2%. Hence, the current recession is having a negative impact on dental hygienists seeking employment and many dental hygienists are experiencing difficulty in securing a dental hygiene position in this economic climate.

An anticipated change with the establishment of the College of Dental Hygienists of Ontario is the enhancement of the dental hygiene curriculum to extend the present course of study beyond the 8-10 month program with some credit being given to dental assisting (but not have dental assisting as the prerequisite for dental hygiene).



Ms. L. Mickelson (Chair, Task Force, Dental Hygiene Regulation)

Assessment of Qualifications

The Committee reviewed qualifications of individuals who were graduates of non-accredited and non-approved dental hygiene programs and who requested to sit the dental hygiene licensing examinations. Once the documentation is thoroughly reviewed by the Committee and validated, the request for eligibility to sit the dental hygiene licensing examination is granted.

Niagara College of Applied Arts and Technology - Reinstatement of the Dental Hygiene Program

In the fall of 1992, the Committee members were informed by Ms. Carole Ono, Coordinator of the dental hygiene program at Niagara College of Applied Arts and Technology that 27 students were enrolled in the 39 week program. Revisions to the existing curriculum have occurred and a portion of the focus is on gerontology, psychology and communications. The graduates of Niagara College will be required to participate in both the written and clinical portions of the licensing examination as the College is no longer accredited.

Ministry of Citizenship - Access to Trades and Professions

The members of the Committee were informed that the Ministry of Citizenship is focusing on foreign-trained personnel being able to access similar or like professions in Ontario.

Canadian Dental Association Joint Presentation to the Ontario Ministry of Colleges and Universities

The Canadian Dental Association, the accrediting body for dentists and dental hygienists, is concerned about the present dental hygiene and dental assisting curricula at the Colleges of Applied Arts and Technology in Ontario. The Chair of the DHMC wrote to Mr. Brian Henderson, Director of Education and Accreditation of the Canadian Dental Association to reaffirm the College's present position relative to dental hygiene education. Full support was given to extending and redesigning the present curriculum of the dental hygiene course of study, especially in light of the pending legislation.

George Brown College Expanded Duty Dental Hygiene Program

The report of the Royal College of Dental Surgeons on-site visitation team of the Expanded Duty Dental Hygiene (EDDH) Program at George Brown College of Applied Arts and Technology was approved by Council. Based on the team's findings, it was concluded that the EDDH qualifying examination for the seven graduates of the 1992 program be waived and that these graduates having met the additional qualifications outlined in O.Reg. 547, Section 50(2) be permitted to perform expanded functions. Furthermore, the members of the Committee were informed that for 1992-1993, George Brown College will conduct a special status program with a limited enrollment in expanded duty dental hygiene functions. The Committee reviewed the administration standards, curriculum, clinical requirements, evaluation criteria and methods, facilities for the off-site didactic portion and the on-site clinical portion of this program.

Expanded Duty Qualifying Examination - Out-of-Province Candidates

Eight out-of-province dental hygiene candidates successfully completed the clinical portion of the expanded duty qualifying examination conducted at the Faculty of Dentistry, University of Toronto on February 18-19, 1992. Three of these candidates did not successfully complete the written portion and were required to re-take the written portion of the examination prior to qualifying as expanded duty dental hygienists.

Ontario Preventive Dental Assisting Program

Since December 1990 until April 1993, 383 preventive dental assistants have been listed with the College under section 49 of O.Reg. 547. The Committee members were informed that 130 preventive dental assistants have graduated from the Ontario Dental Nurses and Assistants Association preventive dental assisting program.

National Certification - Dental Hygienists

The Dental Hygiene Matters Committee continues to investigate, collect and monitor information on a national certification examination for entry to practice in the profession of dental hygiene.



Dr. R. Lang

Chair: R.T. Lang

**Committee Members: R.M. Beyers (ex officio),
P.W. Dean, E. Jesin, E. Prescod, M. Yasny,**

Finance

The Committee set a provisional 1993 budget for presentation to Council at its May 1992 meeting. A final 1993 budget (which follows) was submitted by the Committee and approved by Council at its November 1992 meeting.

Other matters dealt with by the Committee included:

- 1 The refinancing of the \$3.2 million mortgage on the College's Crescent Road property at a lower interest rate to save the College at least \$100,000 in annual interest expense, and establishing an operating line of credit of \$1.5 million at prime rate.
- 2 Receiving a recommendation from the Director Administrative Services that the College's bylaws be amended to permit investment in securities of the three top rated provinces rather than just Ontario in order to expand the opportunity for high yield, low risk investment performance.
- 3 Receiving a report on installation of a new high volume computerized mailing system to reduce mailing and handling costs to the College, and a new more efficient central filing system.

- 4 Receiving a report from the Director Administrative Services on progress in improvements to its computer systems, such as the multiple address look up capability introduced in 1992.
- 5 Reviewing a report from the College's actuaries for the employees' pension plan and recommending to Council that the College take a one year pensions holiday in 1993 to draw down the Plan's surplus and conserve cash.
- 6 Revising the investment policy of the employees' pension plan to provide greater flexibility within moderate risk parameters.
- 7 Receiving a report from the Director Administrative Services on a meeting held at the College with senior administrators of other major health professional colleges to discuss matters of common interest and concern.

Property

The commercial real estate broker J.J. Barnicke Limited continued in 1992 to market the College's properties at 230 St. George Street and 234 St. George, Toronto. Despite continued decline in the Toronto real estate market during 1992, a number of offers were received to purchase one or both properties. For various reasons, mostly related to price and conditions (e.g. securing financing), the sale of neither property was completed by year end. An offer for 234 St. George Street, conditional on obtaining financing, has been accepted by the ad hoc group established to negotiate with prospective purchasers. The group agreed to an extension into early 1993 because of a hold up in the purchaser securing the necessary financing. Interest in both properties continues

at a high level into 1993 and the conditional offer accepted by the College has not constrained its broker from continuing to market both properties.



Dr. M. Yasny



Ms. E. Prescod

Throughout most of 1992 our College was able to defray the operating costs for 230 St. George Street and, at the same time, help the College of Pharmacists of Ontario by providing use of that property to the Pharmacists on a short term rental arrangement, whilst their nearby headquarters was being renovated.

At 6 Crescent Road, negotiations were successfully carried out with the College of Optometrists of Ontario to sell them a 10% interest in the property and occupancy of 3,000 net sq. ft. for its offices. The Optometrists will carry out renovations to their space in the Spring of 1993, coincident with the RCDS carrying out work to upgrade common areas and washrooms in the building, before the Optometrists move in.

As reported in last year's Proceedings, as part of the arrangements to purchase 6 Crescent Road, the former owners of the property agreed to lease most of the space in the building until June 30, 1992, this space being surplus to the RCDS's immediate needs. With the assistance of Royal LePage Real Estate Services Ltd., the College succeeded in 1992 to re-lease this space to other excellent tenants, except for half of the third floor which has been reserved for future use of the College.

Also in 1992, acting on behalf of Council the Finance & Property Committee was able to negotiate a two month lease arrangement for the third floor of 6 Crescent Road to Elections Canada during the Referendum.

What remains for 1993 is to finalize a decision on the use of the remaining space on the third floor, and proceed with upgrades to the building as indicated above, finishing the ground floor lobby, improvements to the building's heating and air systems and external signage to highlight that 6 Crescent Road is the headquarters of the Royal College of Dental Surgeons of Ontario.

General Fund

Revenue		Actual 1991	Budget 1992	Actual 1992	Budget 1993
A	Fees & Registrations - Dentists	\$ 6,426,095	6,941,800	7,216,969	7,674,800
	Less PLP Fund Premium	(3,703,460)	(3,867,500)	(4,003,380)	(4,140,000)
	Less New Building Assessment	(328,515)	(357,000)	(368,225)	(367,800)
	Net Fees & Registrations - Dentists	2,394,120	2,717,300	2,845,364	3,167,000
B	Fees & Registrations - Hygienists	696,126	740,000	803,822	494,500
	Less Hygiene College Set Up Fund	(168,220)	(168,000)	(179,575)	(184,000)
C	Dental Hygienists Exam & Assessment Fees	126,800	121,000	138,125	64,400
D	Interest	105,851	3,000	127,236	58,800
E	Sundry	41,049	35,000	60,998	52,000
F	Administration Charge - PLP	447,400	452,700	460,551	575,600
		3,643,126	3,901,000	4,256,521	4,228,300

Expenses

G	Salaries & Benefits	1,560,031	1,632,500	1,762,114	1,805,800
H	Postage & Courier	121,805	128,500	111,359	97,500
I	Printing, Stationery, Supplies	192,861	170,000	178,684	168,000
J	Telephone	32,297	27,000	41,276	36,000
K	Equipment	256,112	150,000	172,697	168,000
L	Property	220,338	230,700	309,625	287,200
M	Staff Travel & Business Expense	86,923	80,000	96,543	60,000
N	Staff Professional Development	incl	incl	incl	28,000
O	Hygienist Examinations	119,388	121,000	149,825	70,300
P	Council Fees	285,840	290,000	307,411	353,400
Q	Quality Assurance	50,363	90,000	78,533	67,500
R	Professional Fees:				
	Legal	350,253	330,000	528,460	430,000
	Audit	17,454	21,000	18,866	22,000
	Consultants	74,156	45,000	80,357	65,000
S	Witness & Court Reporter Fees	9,755	10,000	20,540	20,000
T	Council Insurance	3,004	3,500	3,004	4,000
U	Council & Committee Expenses	121,751	108,000	186,632	196,000
V	Grants	124,525	126,700	137,044	136,000
W	Bank Interest & Charges	0	2,000	31,714	39,500
X	Admin. Expenses, Dues & Publications	68,083	123,000	63,533	74,300
Y	Contingency Fund	0	50,000	0	50,000
Total Expenses		3,694,939	3,738,900	4,278,216	4,178,500
Surplus (Deficit)		\$ (51,813)	162,100	(21,695)	49,800

Revenue

30

Expenses

G	Salary & Benefits	\$ 1,805,800	Budget in line with 1992 plus allowance for cost of a quality assurance workshop in Fall 1993	
	Includes basic 3% increase and allowances for an additional full time assistant registrar, a quality assurance director & support staff			
H	Postage & Courier	97,500		
	Inflation increase of 3% less cost savings from new mailing machine and expense reductions for hygienists			
I	Printing Stationery & Supplies	168,000		
	Some expense reductions for hygienists			
J	Telephone			
	Inflation increase plus additional outlets	36,000		
K	Equipment	168,000		
	Includes provisions for upgrade of some computer equipment, a new mailing machine, computer software development and equipment maintenance			
L	Property	287,200		
	Assumes St. George Street properties sold in 1993. Includes 6 Crescent Road headquarters costs of \$375,000 less \$99,800 recovered from tenants, the balance being St. George properties 1993 costs			
M	Staff Travel & Business Expense	60,000		
	Budget nominal increase over 1992			
N	Staff Professional Development	28,000		
	Budgeted at about 1-1/2% of salaries & benefits			
O	Hygienists Examinations	70,300		
	Approx 510 students @ \$275 for 1/2 year			
P	Council Fees	353,400		
	Increase for more council members under RHPA and more committees. No increase in daily honoraria rate paid to council members.			
Q	Quality Assurance	\$ 67,500		
			R	Professional Fees
				Legal
				430,000
				Audit
				22,000
				Consultants
				65,000
				An overall increase in professional fees is anticipated, particularly legal in areas of review of new legislation, discipline and registration issues
			S	Witness & Court Reporter Fees
				20,000
				Increase in line with 1992 actual.
			T	Council Insurance
				4,000
				Budget for a modest cost increase
			U	Council & Committee Expenses
				196,000
				Increase in council and committees meetings in 1993 plus additional members
			V	Grants
				136,000
				This includes \$20 per member to CDA as our province's contribution to the costs of operating the NBEB, administration and universities accreditation (same as prior year)
			W	Bank Interest and Charges
				39,500
				Provides for cost of financing draws against the operating line of credit established with the Royal Bank in 1992 to finance operations in latter part of year
			X	Administration Expense
				74,300
				Included inflation increase over 1992 plus additional professional memberships approved by Council
			Y	Contingency Provision
				50,000

Property Breakdown

	Actual 1991	Budget 1992	Actual 1992	Budget 1993
Caretaking	\$ 20,876	59,200	48,141	50,000
Insurance	10,630	9,800	10,676	7,500
Taxes	208,433	121,600	227,392	172,000
Renovations	0	5,000	7,006	8,000
Utilities	91,504	120,900	106,496	85,000
Laundry	575	600	758	800
Window Cleaning	4,165	6,200	2,736	3,000
Gardening & Snow Removal	3,521	6,200	3,546	3,000
Fire Prevention	312	1,500	7,531	5,000
Cleaning Supplies	4,398	3,600	2,970	3,000
Maintenance & Repairs	45,335	34,200	68,998	35,700
Contingencies & Other	3,989	14,000	1,552	2,000
Sub Total	393,738	382,800	487,802	375,000
Less: Rent Recoveries	(173,400)	(152,100)	(178,178)	(99,800)
Total	\$ 220,338	230,700	309,625	275,200

Grants

Canadian Dental Association	\$ 114,000	114,000	117,540	122,600
Canadian Fund - Dental Education	2,000	1,000	2,000	1,000
<i>University of Toronto:</i>				
RCDS Scholarship in Basic Science	350	350	350	350
James Branston Wilmott Scholarships	1,000	1,000	1,000	1,000
Dean's Discretionary Fund	750	750	750	750
Faculty Contingency Fund	1,000	1,000	1,000	1,000
Faculty Dental Research Fund	1,000	1,000	1,000	1,000
<i>University of Western Ontario:</i>				
RCDS Award in Science	350	350	350	350
RCDS Scholarship	1,000	1,000	1,000	1,000
Dean's Discretionary Fund	750	750	750	750
Faculty Contingency Fund	1,000	1,000	1,000	1,000
Faculty Dental Research Fund	1,000	1,000	1,000	1,000
Conf. Certification of Dentists in Canada			6,030	
Miscellaneous	325	3,500	3,274	4,200
Total	\$ 124,525	126,700	137,044	136,000

Final 1993 Budget - Building Fund

	Actual 1991	Budget 1992	Actual 1992	Budget 1993
Revenue				
A Members' Assessments	\$ 328,515	357,000	368,227	367,800
B Rental Income	220,230	188,300	144,493	60,800
C Interest	37,938	30,000	0	1,000
	586,683	575,300	512,720	429,600

Expenses

D Legal Fees and Other	0	23,400	61,833	10,000
E Interest Expense	556,948	560,400	435,756	235,000
	556,948	583,800	497,589	245,000
Surplus (Deficit)	\$ 29,735	(8,500)	15,131	184,600

Net Capital Outlay

F Proceeds from Sale of Property	0	3,000,000	0	2,500,000
G Deduct - Capital Additions	(655,330)	(198,000)	(265,965)	(360,000)
Net Capital Receipt (Outlay)	\$ (655,330)	(2,802,000)	(265,965)	2,140,000

Details of Building Fund Budget for 1993

Revenue		Net Capital Outlay	
A	Members' Assessments 6,130 dentists @ \$60 per member	\$	367,800
B	Rental Income Rental income from 3 tenants plus PLP at 6 Crescent Road in 1993		60,800
C	Interest Income Nominal amount only		1,000
Expenses			
D	Legal & Other Expenses Allowance for finalization of arrangements with the College of Optometrists on Ontario re sale of 10% in 6 Crescent Road property		10,000
E	Interest Expense Interest to PLP on \$2 million loan plus interest to Royal Bank on term loans of \$3.2 million reduced by proceeds of sale of St. George Street properties after allowing for capital expenditure requirements		235,000
F	Proceeds from Sale of Property Assumes sale of a 10% interest in 6 Crescent Road property to the Optometrists plus sale of the St. George Street properties in 1993, less costs	\$	2,500,000
G	Capital Additions About \$100,000 is required for tenant related work, \$100,000 has been provided for work on the north end of the third floor for RCDS use and \$160,000 for all other work required to the 6 Crescent Road property, such as roof top air controllers, finishing main floor lobby and installing access door to parking garage, washroom and common area upgrades, outdoor signage		360,000

Chair: G.P. Citrome

Members: R.M. Beyers (ex-officio), E.F. Chubb,
T.G. White, L.L. Mickelson

Anaesthesia and Sedation

The Ad Hoc Committee* had reviewed the Coroner's Jury's recommendations arising from the inquest into the death of a patient following the administration of a general anaesthetic and reported its findings to the General Purpose Committee. The Chief Coroner of the Province as well as a representative of the Ministry of Health have been provided with a summary of the findings of the Ad Hoc Committee respecting the Coroner's Jury's recommendations.

The General Purpose Committee is in the process of revising the College's Guidelines Respecting Anaesthesia and Sedation based upon the recommendations of the Ad Hoc Committee. A new and expanded version of the guidelines is expected to be submitted to Council for its approval in 1993.

Infection Control

In April of 1991 Council had asked the General Purpose Committee to revise the College's then current document entitled "Recommended Infection Control Practices." In light of the ever increasing interest in infection control procedures by both the profession and the public, the Committee felt that this document could be greatly enhanced by providing the dental and dental hygiene professions of Ontario with guidelines that not only identify the essential components of a comprehensive infection control program, but more importantly, would provide the professions with a strategy toward implementing these essential components in a rational manner based upon sound scientific principles.

Although all dentists have an obligation to adopt infection control measures, the Committee sought to avoid a "cook-book" or dogmatic approach to infection control. These new guidelines provide a scientific basis to adopt the appropriate infection control measures in relation to specific dental procedures. Inherent in these guidelines is a certain measure of flexibility recognizing the responsibility of the professional, yet, at the same time, providing direction for infection control protocol for certain procedures in order to protect the public. The document entitled "Guidelines - Infection Control" was approved by Council at its November 1992 meeting and was distributed to the profession in early 1993.

* Members of the Ad Hoc Committee: Drs. Daniel Haas, Ford Moore, Steven Small, Douglas John Paterson, and Robert Klein.

Chair: T.G. White

**Members: R.M. Beyers (ex-officio), G.P. Citrome,
J.H. Fawcett, M. Harding, L.L. Mickelson**

With Royal Assent of the *Regulated Health Professions Act* (RHPA) in November 1991, the year 1992 was a year of waiting. It is now confirmed that the Act will be proclaimed and come into force in the late Fall of 1993. The following describes the process by which the Royal College of Dental Surgeons drafts regulations for the new Act.

Process

The task of drafting regulations under the new Act is one that faces all of the health related Colleges. The Ministry of Health has provided templates which are draft models of regulations for discussion and review. The templates cover regulations for all Colleges, while other regulations will be adopted by individual Colleges to suit their different requirements.

In order to carry out the task of developing regulations, an Ad Hoc Committee (Working Group) of the Legal and Legislation Committee was formed. The recommendations of the Working Group must first be approved by the Legal and Legislation Committee and then presented to Council for adoption. The proposed regulations are then forwarded to the Ministry of Health for approval and enactment.

Consultation with the profession will take place on two occasions. The first will be a preliminary presentation of the principles and concepts of the draft regulations. The second will be a review of the actual draft regulations.

Ad Hoc Committee (Working Group)

The Working Group comprising Ms. M. Harding (public representative), Dr. R. Ellis (Registrar), Dr. M. Stein (Deputy Registrar), and Mr. A. Bromstein (legal counsel) are having numerous meetings. The Group's mandate is to develop draft regulations after reviewing all pertinent information. This includes reviewing the College's current regulations as well as the proposed



Ms. M. Harding
(Chair, Working Group)

templates from the Ministry of Health as they relate to the *Regulated Health Professions Act*.

The Legal and Legislation Committee will review and discuss the recommendations of the Working Group before sending proposals to the RCDS Council. All regulations must comply with the philosophy of the new Act or be changed in order to do so. As these regulations will govern the profession in the future, they must be relevant and in tune with current practise standards.

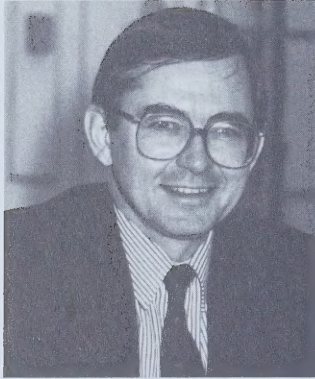
Submissions to Government

Also during this year, the Legal and Legislation Committee provided a submission to the Standing Committee on Administration of Justice relating to Bill 109, *Consent to Treatment Act* and related Bills 7, 8, 74, 108, and 110.

The Executive Committee has responded directly to other proposed changes by Government which were required on short notice.

What Next?

The year 1993 should see the new Acts in place for Dentistry and 23 other Health Professions. A new RCDS Council composed of a proposed 25 members (12 elected dentists, 11 public members, 2 university representatives) will govern the profession.



Dr. J. Stakiw

Chair: J.E. Stakiw

**Members: R.M. Beyers (ex-officio), E.F. Jesin,
E. Prescod**

As part of this report, several tables are presented concerning the claims experience of the Program. Of files opened by the Program, 67.35% have been closed without payment either to claim or defence cost. This represents an increase of 1.32% from last year. The increase in claims closed without cost reflects the increased alertness of the profession to risk management and malpractice and a greater willingness to report potential problems to the Program. It also reflects the increasing experience of the Program staff in assisting members to resolve disputes with patients.

At the other end of the scale, three files were closed in 1992 with costs of between \$50,000 and \$100,000. One claim was closed with costs of over \$100,000.

The increase at the upper end of the spectrum reflects the growing risk of relatively large claims against members.

The Program obtained very reasonable quotations on both primary and excess insurance in the Fall of 1992. The policy has therefore been renewed with Reliance Insurance Company for 1993.

The Professional Liability Program assessment for 1993 has been set by Council at \$690 per member. In spite of the increased frequency of claims, the cost of \$2,000,000 coverage is actually cheaper than it was five years ago.

In the primary causes table, implant failure, incomplete obturation of root canals, loss of teeth, failure to remove root tips, sub-acute bacterial endocarditis, T.M.J. pain and trismus complaints were unusually common during 1992.

In the secondary cause table, as contributing factors, inadequate records and inexperience were more common in 1992 than previously.

The area of dentistry table indicates that claims related to anaesthesia and sedation, implants, orthodontic treatment and periodontic treatment were also more common than had previously been the case.

Claims Experience - Effective December 31, 1992

Closed Files Payment Ranges		Prev	1981	82	83	84	85	86	87	88	89	90	91	92	Total	%
From	To															
	\$ 0	297	61	74	64	225	160	169	192	202	263	396	227	57	2,387	67.35
\$ 1-	1,000	136	24	18	15	15	20	19	22	2	10	3	1	1	286	8.07
	1,001 - 5,000	115	28	33	37	39	33	44	48	21	31	31	18	10	488	13.77
	5,001 - 10,000	25	15	12	15	15	18	28	18	19	7	6	6	5	189	5.33
	10,001 - 15,000	18	5	7	5	4	5	7	6	2	6	3	3		71	2.00
	15,001 - 25,000	9	4	6	6	6	6	8	4	7	4	4	2		66	1.86
	25,001 - 50,000	5	2	2	2	7	1	2	5		3	2	2		33	.93
	50,001 - 100,000	5	2	2		1	2	1	4		1				18	.51
	100,001 - 1,000,000	1			2	1		2							6	.17
Closed Cases		611	141	154	146	313	245	280	299	253	325	445	259	73	3,544	100
Outstanding Cases		1		1	2	8	6	11	39	27	47	110	191	404	847	
Total Claims		612	141	155	148	321	251	291	338	280	372	555	450	477	4,391	

Summary of Closed Files

67.35% were closed with no payments.

75.42% were closed with payments under \$ 1,000.

89.19% were closed with payments under 5,000.

94.52% were closed with payments under 10,000.

96.52% were closed with payments under 15,000.

98.38% were closed with payments under \$ 25,000.

99.31% were closed with payments under 50,000.

99.82% were closed with payments under 100,000.

100.00% were closed with payments under 1,000,000.

Areas of Dentistry - Effective December 31, 1992

Area of Dentistry	Prev	1980	81	82	83	84	85	86	87	88	89	90	91	92	Total
Unknown	5	1	1	1	1		1					1	14	32	57
A Anaesthesia/Sedation	3	1	1			14	25	3	6	5	4	9	6	7	84
B Endodontics	54	14	9	26	24	32	36	37	39	31	83	121	69	64	639
C General Dentistry	50	13	11	18	19	35	34	50	54	42	31	44	48	52	501
D Implants	1		2			1	1	2	4	1	2	5	8	6	33
E Operative Dentistry	84	20	16	12	17	29	26	20	54	30	67	118	89	79	661
F Orthodontics	13	2	8	9	6	74	4	23	21	23	14	39	30	57	323
G Periodontics	11	4	3	2	5	5	14	8	7	15	19	18	20	21	152
H Prosthodontics - Fixed	71	7	16	27	21	25	29	35	41	30	33	46	38	42	461
I Prosthodontics - Removable	38	4	8	7	9	18	15	14	22	19	19	31	19	26	249
J Surgery	175	39	64	53	46	87	64	94	89	83	99	118	105	88	1,204
K T.M.J.	2		2			1	2	5	1	1	1	5	4	3	27
	507	105	141	155	148	321	251	291	338	280	372	555	450	477	4,391

Primary Causes by Year - Effective December 31, 1992

Cause Description	Prev	80	81	82	83	84	85	86	87	88	89	90	91	92	Total
0 Unknown	5	1	1	1	1		1						11	29	50
1 Allergic Reaction/ Anaphylaxis	3	2	1			2	1						2	2	13
2 Demineralization/ Devitalization	5		2				1	1	2	1	1	1	1	1	16
3 Extraction Extra Tooth/Teeth	12	4	3	3	2	1	1	10	9	5	3	6	4	3	66
4 Extraction/ Treatment Wrong Tooth	27	5	12	9	8	12	15	21	13	14	16	16	20	16	204
5 Failure of Bone/ Tissue Graft	1					1	1		4		1	1	2	1	12
6 Failure to Diagnose	24	3	10	17	12	7	13	22	29	13	38	20	17	19	244
7 Failure to Treat Adequately	76	20	18	8	3	37	53	62	68	72	57	62	64	108	708
8 Fracture of Mandible	31	1		1	2	5	4	3	1	2	1	4	3	1	59
9 Fracture of Prosthesis			2	1		2		1	1	1		2	3		13
10 Fracture of Tooth	22	7	3	5	4	5	9	3	5	8	10	14	13	9	117
11 Implant Failure	1		2				1		4		1	9	5	6	29
12 Incomplete Obturation	3	1		1		6	3	1	3	3	1	6	6	7	41
13 Ingestion/ Inhalation/ Instrument	20	3	2			3	3	1	3	4	3	9	7	7	65
14 Instrument Breakage Tissue/Tooth	18	5	1	6	7	5	2	11	8	7	11	20	6	10	117
15 Loss of Tooth/Teeth	11	2	9			6			6	1	3	4	6	11	59
16 Occlusal Disharmony	9	1	1	1	4	6	4	3	2	1	2	9	2	3	48
17 Pain	28	4	3	4	8	10	7	8	10	10	17	28	22	16	175
18 Parasthesia Following Injection	12	3	3	2	4	6	12	10	14	9	16	33	18	16	158
19 Parasthesia Following Surgery	21	9	20	14	14	30	22	21	20	20	21	26	23	16	277
20 Perforation of Sinus	10	1		1	4	1	2	9	7	5	13	46	4	5	108
21 Perforation of Tooth	11	2	2	5	1	6	5	5	5	5	37	12	8	6	110
22 Phlebitis			1			4	2		2	2			2	2	15
23 Poor Adaptation/ Poor Prosthesis	49	5	13	24	20	22	28	25	27	29	34	46	46	50	418
24 Poor Contour/ Margins	7	3		5	3	4	3	4	5	4	4	7	8	4	61
25 Root Fracture		2				3	1			1		3	3	3	16
26 Roots Not Removed	2	1	3	1		9		2	3	2	4	7	5	7	46
27 Root Resorption				2		4	1	1	1	2		2	4	1	18
28 Soft Tissue Trauma	28	6	9	8	3	7	10	16	15	7	11	18	19	12	169
29 Sub-Acute Bacterial Endocarditis				1		3		1	1	2	2			5	15
30 T.M.J. Pain	3	1	3	1	5	2	2	9	1	2	12	23	16	11	91
31 Trismus	7			4	1	1	3	4	3	5		8	5	6	47
32 Unsatisfactory Aesthetics	10	3	5	1	6	10	7	3	8	7	9	13	13	9	104
33 Untoward Reaction - Anaesthetics	17	1		4	4	6	16	5	14	7	12	13	13	10	122
34 Untoward Reaction to Treatment	17	4	9	9	9	17	15	19	12	21	18	20	10	16	196
35 Other	17	5	3	16	23	78	3	10	32	8	14	67	59	49	384
	507	105	141	155	148	321	251	291	338	280	372	555	450	477	4,391

Secondary Causes by Year – Effective December 31, 1992

Cause Description	Prev	80	81	82	83	84	85	86	87	88	89	90	91	92	Total
0 Unknown	5	1	1	1	1		1						11	35	56
1 Absence or Failure of Follow-Up	18	5	4	5	2	11	9	11	8	4	8	12	8	11	116
2 Death/Patient Incapacitation	16	1	4			7	4	5	4	3		2	1	7	54
3 Dentist Incapacitation	7					55	1	1			21	43	2	28	158
4 Equipment Malfunction	11	4	2	2	1	1	3	9	1	2		5	6	6	53
5 Inadequate Records	8	1	2	2	3		1	4		1	1	3	5	10	41
6 Inexperience	8		4	2	8	7	4	7	4	7	8	7	3	10	79
7 Insufficient X-Rays	23	2	2	2	6	8	2	3	8	1	6	11	7	7	88
8 Lack of Informed Consent/Commun.	92	25	46	51	43	42	79	84	67	45	33	42	28	25	702
9 No Apparent Secondary Cause	214	36	40	79	68	137	122	137	185	198	263	370	319	284	2,452
10 Pursuing Outstanding Account	51	11	8	11	16	18	20	24	23	15	26	46	46	32	347
11 Inappropriate Material/Treatment	54	19	28			35	5	6	38	4	6	14	14	22	245
	507	105	141	155	148	321	251	291	338	280	372	555	450	477	4,391

**Report of the Dean of the Faculty of Dentistry,
University of Toronto**

Barry J. Sessle, B.D.S., M.D.S., B.Sc., Ph.D.

Faculty News

Last year, Faculty Council approved a new Mission Statement as well as Guidelines to be used in documenting and assessing "Creative Professional Activity" and "Effectiveness in Teaching." In addition, a standardized teacher evaluation form for students was developed. The University as well as the Faculty is placing increased emphasis on evaluating and improving the effectiveness of teachers to enhance the quality of its educational programs. Furthermore, as a result of the Report of the Presidential Commission on the Future of Health Care in Ontario (Chaired by Dr. A.R. Ten Cate, previous Dean of the Faculty and now Vice-Provost for Health Sciences), the University of Toronto is also examining the organization and interaction of the health science divisions of the University and the need for a broader, multidisciplinary education of students entering the health science Faculties. The University is also presently reviewing its policies on appointments and tenure, senior administrative appointments, student conduct, sexual harassment, and conflict of interest.

The Faculty's budget has been cut even more as a result of the Provincial government announcement of transfer payments reflecting budget increases of only 5% in total over the next 3 years. These increases are well below expected inflation levels and already negotiated salary increases for staff. This has resulted in a further 1% cut in the Faculty's budget, on top of the almost \$1 million budget reduction occurring over the 1990-96 period.

The local Association of Canadian Faculties of Dentistry Committee, under the Chairmanship of Dr. H. Limeback, developed a Faculty Resource manual to help orient and inform staff members of policies and procedures in the Faculty and University.

The Faculty administration continued to be involved in discussions related to licensing issues with provincial and national bodies. The Faculty also this past year underwent a Canadian Dental Association's accreditation visit in seven of the Faculty's specialty programs as well as its undergraduate D.D.S. program.

The 2nd Annual George Hare Lectureship was held at the Faculty, in co-sponsorship with the George Hare Study Club. This year's invited lecturer was Dr. J.L. Gutmann, Professor and Chair of the Department of Endodontics, Baylor College of Dentistry, Dallas, Texas. Dr. Gutmann's topic was "Parameters of Clinical Success in Endodontic Treatment and Retreatment." This lectureship honours the contributions to Endodontics of Dr. Hare, a previous Head of Endodontics in the Faculty.

Dr. J.W. Stamm, Dean of the Dental School of the University of North Carolina (Chapel Hill) was the fifth Murray Hunt Lecturer. Dr. Stamm is a dental graduate of the University of Alberta and has a Diploma in Dental Public Health and a M.Sc. in Epidemiology from the Faculty of Dentistry, University of Toronto. Dr. Stamm's topic was "Risk Assessment in Dentistry from the Perspective of Dental Public Health." The Murray Hunt Lecture was established in 1984 to honour the contributions made by Dr. Hunt as a staff member at the University of Toronto.

Education

The 1991-92 academic year was the third year of the reduced undergraduate class size that has been decreased from over 100 to approximately 64 (see Table). It is both interesting and gratifying to note that the number of applicants for entry into the Faculty of Dentistry still runs approximately ten times the number of students that can be admitted. The total number of graduates this past year was 104, of which 17 graduated with honours.

On the postgraduate and graduate education side, over 70 students were enrolled this past year in the Faculty's programs (see Table). About 20% of our postgraduate and graduate students are in combined M.Sc. or Ph.D./specialty programs. Many of these students won awards, scholarships and fellowships.

Staff News and Distinctions

During 1991-92 academic year, staff members published dozens of original papers or textbooks and have been invited to speak at over 100 conferences and academic institutions; many have also served as elected representatives of various bodies.

Research

The Faculty attracted approximately \$4.7 million in research funding in 1991-92; this represents yet another increase from the previous year, quite an achievement in these days of extreme competition for dwindling research dollars. Clinical and basic research activities in the Faculty have continued to flourish, with particular focus on dental caries and periodontal disease; materials and implant systems; orofacial pain and neuromuscular dysfunction; growth, development and aging of the craniofacial complex; health care services research; oral cancer; and the development of new and innovative teaching models.

Continuing Education and Alumni Affairs

These activities also continue to be prominent in the Faculty. A notable event was the graduation of 20 practitioners from the Faculty's Comprehensive Dentistry Program, designed to update and advance participants' knowledge and clinical skills. The Faculty is grateful to its many Alumni who have helped support the Faculty's activities this past year, in spite of difficult fiscal constraints. Of special note is the donation of \$40,000 presented to the Faculty by the Class of 6T7 at its 25th class reunion dinner; these funds were used to assist in the purchase of a dental axial tomograph for the Faculty's Department of Radiology.

Education Table

The total enrollment in the Faculty's degree and diploma programs is as follows:

Undergraduate	1991-92	1992-93
First Year	68	67
Second Year	63	66
Third Year	63	64
Fourth Year	104	63
Total D.D.S.	298	260
Postgraduate and Graduate		
Postgraduate	44	49
Ph.D.	11	16
Masters	25	21
Interns	26	26

**Report of the Dean of the Faculty of Dentistry,
University of Western Ontario**

**Ralph I. Brooke, B.Ch.D., L.D.S., F.D.S., R.C.S.,
M.R.C.P., L.R.C.S.**

Faculty News

An additional 2.2 percent budget cut was imposed on the Faculty for 1992-93, over and above the 10 percent which must be met over the three-year period of 1991-94. This has resulted in further staff and part-time Faculty cuts and non-replacement of retiring Faculty members.

The Faculty benefited from the construction of two new laboratories for Faculty research funded by University's Quality Academic and Administrative Adjustment Fund (QUAAAF).

The Divisions of Undergraduate Orthodontics and Paediatric Dentistry were merged on July 1, 1992 to form the Division of Orthodontics and Paediatric Dentistry, with Dr. G.Z. Wright as Chair.

The Divisions of Operative Dentistry and Endodontics were also merged under the Chairmanship of Dr. W.A. Gray.

The Faculty once again played host to the ACFD Summer Teaching and Management Institutes which have been of much benefit to members of Faculty; Dr. G.R. Walker serves as co-chair.

The clinical facilities were utilized by the National Dental Examining Board of Canada for its clinical examinations and the facilities were also leased to the Ontario Dental Nurses' and Assistants' Association for courses during the summer of 1992.

The local ACFD Faculty Committee conducted a study of Faculty leaves/exchanges among Canadian dental school personnel.

Dr. David Ozar, Loyola University, was the Faculty's Special MRC Visiting Professor in 1991.

Six dental interns were selected for 1992-93, including four Western graduands, one from the University of Detroit and one from the University of Toronto. Five students were admitted to the graduate program in Orthodontics and two students are continuing in the graduate program in Oral Pathology leading to a M.Sc. degree.

The constitution of the Council of the Faculty of Dentistry was amended to include representation of one member of the administrative staff.

Undergraduate Program

The 1991 summer research students, supported by the Medical Research Council of Canada, the Canadian Fund for Dental Education and the Faculty, made presentations to members of Faculty and the student body at the conclusion of their projects in the Fall of 1991. As a result of those presentations, students were selected to participate in the September annual meeting of IADR.

Two students enrolled in a concurrent M.Sc./D.D.S. program.

Several students annually visit the Faculty as extern students; students from Queen's University of Belfast, Leeds of England, from Sheffield, England, Dundee, Scotland and West Germany visited during 1991-92.

Dean Brooke participated in discussions with the Royal College of Dental Surgeons, the Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada and the Canadian Dental Association concerning a change in policy by the Ontario licensing body which would require all applicants for an Ontario license, including graduates of Ontario dental schools, to address universal examinations, both written and practical. Agreement was reached by all parties to a series of progressive examinations for Ontario graduates upon graduation, for applicants of U.S. dental schools, and for those who have been trained outside of North America.

Effective with the 1991-92 academic year, Ontario licenses for the graduating class shall be effective the date of Spring Convocation, and not earlier as has been the practice in the past for students who completed all requirements prior to the end of the year.

The Faculty participated in a pilot project of ACFD to collect data for a curriculum database which is being established with input from Canadian and American dental schools.

Both the undergraduate program and the graduate program in Orthodontics were granted accreditation status of "full approval" to 1996 by the Council on Accreditation.

For the second year in a row, the dentistry graduating class had the highest average pledge of all faculties in the university to "Grad Pact," a fund to which students contribute in support of a project of their choosing. The class of Dents '92 has chosen to support summer research students.

In keeping with standards of infection control, hospital greens have been adopted as the standard clinical dress for students attending patients.

Admissions Committee Report

A total of 511 applications were processed by the Admissions Office in 1991-92. This is an increase of 8 from the previous year and 64 from 1989. The following statistics are presented for the Class of 1995, relative to the four preceding classes:

	1991	1992	1993	1994	1995
Class Size:	40	40	40	40	40
Sex:					
Female	12	15	10	11	16
Male	28	25	30	29	24
Qualifications for admitted applicants (%):	83.7	84.2	84.7	85.8	85.9
• class average based on best two years preceding admissions					
Dental Aptitude Test:					
Average Carving					
Dexterity	5.05	4.22	(4.7)	[7.0]	16.38
			14.9	16.18	
Average PMAT	4.90	4.12	(4.7)	[6.0]	18.18
			18.00	18.08	
() Old DAT scores on 12 students					
[] Old DAT scores on 1 student					
Number of admitted applicants with degrees	22	29	24	17	21
Number married	0	0	1	4	0
Age:					
Range	20-28	19-25	20-28	20-34	20-30
Median	22	22	22	22	22
Average	22.4	22	22	23	22
Residence:					
Ontario	36	33	38	38	36
Other Provinces	4	7	2	2	4

Results of Examinations

Years I, II, III and IV - 1991/92

First:

There were 40 students of whom 13 received honours, 24 passed and 1 failed. The remaining 2 had either incompletes or conditions.

Second:

Of the 40 students, 14 earned honours, 19 passed and 7 had either incompletes or conditions.

Third:

Among the 40 students were 10 who achieved honours, 21 passed and 9 had incompletes or conditions.

Fourth:

40 students were graduated; 9 with honours, 30 with pass standing and one was required to clear conditions prior to convocation.

Continuing Dental Education (C.D.E.)

The year featured a number of excellent C.D.E. programs that were offered by many divisions of the Faculty.

The homecoming lecture/brunch honouring the classes of 1971, 1976, 1981, and 1986 was held in October at the Sheraton Armouries Hotel. A record number of Alumni attended. Presentations were made by the honorary Class Presidents.

The C.D.E. office coordinated a highly successful seminar with the London District Dental Society (LDDS). This venture was the first co-joint venture for the C.D.E. office and the LDDS.

The Division of Periodontics presented two successful programs for dental hygienists. They were both fully subscribed.

Research Grants

Over \$300,000 was received in grants from external as well as University sources during 1991-92.

Publications

The academic staff published extensively in the 1991-92 academic year. In all, some 49 contributions were made to dental and scientific literature.

Other Reports: Inspector Report

Inspector: Mr. Sam Evans

Illegal Dentistry

Illegal dentistry is growing in Ontario especially in the larger urban areas. The unlicensed dentists are very selective in choosing their patients, who are usually of the same ethnic background and then only by referral. The type of dentistry practised is very basic and with facilities usually being crude and substandard. It is very difficult to obtain sufficient evidence to warrant a charge.

Prescription Squads

Some of the larger police forces in order to combat fraudulent prescriptions and double doctoring offenses have formed "prescription squads." Part of their mandate is to establish a rapport with the licensing authorities whose members are permitted to prescribe drugs. We have had several meetings where a great deal of information and ideas were exchanged. The police consider these offenses as very serious and appreciate any assistance they can get in their battle against drug abuse.

Narcotic and/or Controlled Drugs Prescriptions

The Bureau of Dangerous Drugs monitors all purchases and prescriptions of narcotic and controlled drugs on a regular basis. The regulations of the Narcotic Control Act and the Food and Drug Act forbids a dentist of prescribing to a person other than a patient and then only to a patient for which the patient is receiving treatment. This seems to be a common problem and violators are easily identified with the aid of computers. Many perpetrators have been disciplined for contravening these regulations.

Dentistry Review Committee Report

Chair: J.D. Anderson

**Members: G.I. Baker, A.F. Dungy, A. McGuinness,
P. Scharf**

The Dentistry Review Committee is a Committee of the College authorized under the *Health Insurance Act*. It is activated only when the General Manager of the Health Insurance Plan has reason to question a billing submitted by a dentist.

The General Manager has not had grounds for making a referral to this Committee since 1982. Accordingly, the Committee has not met since then.

All members of the Committee are appointed by the Lieutenant Governor in Council. Three dentists and two public representatives serve on the Committee.

Philip Watson, D.D.S., M.S.D.*

The NDEB annual meeting was held on the afternoon of November 3 and on the following day, November 4, 1992. Two motions that were passed by the NDEB in response to concerns of the Provincial Registrars follows:

Motion No. 16 addresses the examination for students educated in Canadian Universities with accreditation by the Commission on Dental Accreditation of Canada. This examination will consist of 300 multiple choice questions and the use of external examiners who will examine every student in each school. The external examiners will be able to withhold the NDEB certificate whether or not a D.D.S. is granted.

However, in the event that the external examiners decide to withhold the certificate they will consult the academic and clinical records of the failing candidate through the Faculty as a final step in the decision.

Motion No. 6 describes the revised examination for dentists educated in Universities outside Canada. The multiple choice written examination will be the same as the multiple choice written administered to all others. This has reduced the examination by another day and will include 300 questions rather than 600.

The Clinical Examination is in two parts, a simulation examination utilizing manikins of advanced design. This examination will cover several disciplines in each test. In all examinations there will be a test for operative and restorative skills. In addition, there will be a selection of test items taken at random from the various disciplines. It is not possible to test all disciplines in each test. However, although the test items will vary from one examination to another, the difficulty level will be as nearly as possible at the same level for each examination. This design will prevent candidates from selectively studying only those areas they know will be on the examination while avoiding all other disciplines. Candidates will be required to demonstrate the

ability to diagnose and adjust occlusal interferences on models provided by the NDEB. These models vary for each examination, but the level of difficulty remains essentially equivalent.

Clinical Part II will require patients because Ontario was the only province which would agree to provide a licence to graduates educated outside Canada without examination on a patient. Therefore if the NDEB dropped the patient requirement, portability into other provinces would be lost because they would refuse to recognize the NDEB certificate. After consultation in writing with each licensing board it was concluded that this examination would require two cavity preparations and two restorations as the minimum surgical treatment. These will likely be an amalgam and a cast restoration. Since there was concern expressed by examiners and some licensing bodies that this may not be enough test items to provide a fair evaluation of performance, candidates will also be required to secure centric jaw registrations and mount a patient's casts on a semi-adjustable articulator with a facebow. Since this is not a surgical procedure, (and if this proposal is accepted by the provinces) candidates could arrange to conduct the examination utilizing one patient rather than two and sometimes three, which is the case at the present time. Obviously this would be less costly for the candidates than it would be when two or more patients are required.

It is possible to consider this examination as having three modules: written, simulation and patient treatment. Any province could elect to license candidates educated in accredited Universities outside Canada utilizing selected modules and any other special requirement that might be required. If this was one all that would be required for portability would be completion of the patient treatment component at a subsequent date.

The members of the NDEB have been sensitive to the issues presented by all Registrars across Canada and as a result of these concerns are committed to design a system that is fair and acceptable to all stakeholders. The national system is planned for introduction in 1994.

* Dr. Philip Watson is the Ontario representative appointed by the RCDS to the National Dental Examining Board.

Licensing Profile

Dentist to Population Ratio and Dental Hygienist to Population Ratio

Year	No. of Dentists	No. of Dental Hygienists	Ontario Population	Dentist to Population Ratio	Dental Hygienist to Population Ratio
1950	2,014	—	4,410,660	1 : 2,190	—
1955	2,325	19	5,266,000	1 : 2,265	1 : 277,157
1960	2,424	58	5,683,806	1 : 2,345	1 : 97,996
1965	2,514	167	6,192,850	1 : 2,463	1 : 37,082
1970	3,126	393	7,211,605	1 : 2,307	1 : 18,350
1975	3,866	642	7,692,323	1 : 1,990	1 : 11,982
1980	4,540	1,676	8,730,886	1 : 1,923	1 : 5,209
1985	5,327	2,567	8,944,670	1 : 1,679	1 : 3,484
1990	5,813	3,855	9,743,300	1 : 1,676	1 : 2,527
1992	6,115	4,522	10,184,880	1 : 1,655	1 : 2,252

Licenced Dentists Deceased

Crockford, Morley John	(1950)*	May 1992
Curtis, William Lloyd	(1958)	Mar. 1992
Drozdown, Jeffrey Carmen	(1966)	Sept. 1992
Greenlaw, Rodney Malcolm	(1978)	May 1992
Hart, Daniel Alexander	(1951)	July 1992
Janvary, Zoltan Alexander	(1957)	Dec. 1992
Lanthier, Roland	(1958)	Feb. 1992
Madronich, William George	(1959)	Sept. 1992
Mraz, George Jiri	(1956)	Nov. 1992
Richardson, Mark Mitchell	(1973)	Mar. 1992
Storms, John Lyall	(1951)	Apr. 1992

* Denotes year of Graduation

Ratio of Dentists to Dental Hygienists

As of December 1992

County	Dentists	Hygienists	Ratio : 1
District 1			
Dundas	7	10	0.70
Frontenac	67	50	1.34
Glengarry	3	9	0.33
Grenville	8	10	0.80
Lanark	15	16	0.94
Leeds	29	13	2.23
Lennox Addington	7	4	1.75
Ottawa Carlton	433	322	1.34
Prescott	9	9	1.00
Renfrew	37	45	0.82
Russell	9	11	0.82
Stormont	24	17	1.41
	648	516	1.26
District 2			
Durham	207	259	0.80
Haliburton	2	3	0.67
Hastings	54	54	1.00
Northumberland	30	26	1.15
Peterborough	51	42	1.21
Prince Edward	6	1	6.00
Victoria	15	20	0.75
	365	405	0.90
District 3			
Algoma	60	38	1.58
Cochrane	39	22	1.77
Kenora	24	14	1.71
Manitoulin	6	4	1.50
Nipissing	40	30	1.33
Rainy River	12	6	2.00
Sudbury	81	102	0.79
Thunder Bay	84	86	0.98
Timiskaming	15	18	0.83
	361	320	1.13
District 4			
Metro Toronto	2,059	763	2.70
York	273	382	0.71
	2,332	1,145	2.04

County	Dentists	Hygienists	Ratio : 1
District 5			
Bruce	18	27	0.67
Dufferin	14	13	1.08
Grey	34	16	2.13
Huron	19	10	1.90
Muskoka	25	19	1.32
Parry Sound	11	16	0.69
Simcoe	134	157	0.85
	255	258	0.99
District 6			
Elgin	25	17	1.47
Essex	181	146	1.24
Kent	43	24	1.79
Lambton	56	60	0.93
Middlesex	263	154	1.71
	568	401	1.42
District 7			
Brant	44	29	1.52
Haldiman Norfolk	29	23	1.26
Oxford	37	26	1.42
Perth	23	13	1.77
Waterloo	180	169	1.07
Wellington	80	72	1.11
	393	332	1.18
District 8			
Halton	184	188	0.98
Hamilton Wentworth	237	157	1.51
Niagara	200	228	0.88
Peel	396	290	1.37
	1,017	863	1.18
Out of Province	176	282	0.62
Grand Total	6,115	4,522	1.35

Presidents

Registrars

* B. W. Day	April 1868 - June 1870
* H. T. Wood	June 1870 - July 1874
* C. S. Chittenden	July 1874 - May 1889
* H. T. Wood	May 1889 - Mar. 1893
* R. J. Husband	Mar. 1893 - April 1899
* G. E. Hanna	April 1899 - April 1901
* A. M. Clark	April 1901 - April 1903
* H. R. Abbott	April 1903 - April 1907
* R. B. Burt	April 1907 - April 1909
* G. C. Bonnycastle	April 1909 - May 1911
* W. J. Bruce	May 1911 - May 1913
* D. Clark	May 1913 - May 1915
* W. C. Davy	May 1915 - May 1917
* W. C. Trotter	May 1917 - May 1918
* W. M. McGuire	May 1918 - May 1921
* M. A. Morrison	May 1921 - May 1923
* A. D. Mason	May 1923 - May 1925
* E. E. Bruce	May 1925 - May 1927
* R. C. McLean	May 1927 - May 1929
* S. S. Davidson	May 1929 - June 1931
* S. M. Kennedy	June 1931 - May 1933
* H. Irvine	May 1933 - May 1935
* G. H. Holmes	May 1935 - May 1937
* E. C. Veitch	May 1937 - May 1939
* L. D. Hogan	May 1939 - May 1941
* F. A. Blatchford	May 1941 - May 1943
* G. H. Campbell	May 1943 - May 1945
* S. W. Bradley	May 1945 - May 1947
* H. W. Reid	May 1947 - May 1949
* S. J. Phillips	May 1949 - May 1951
* R. O. Winn	May 1951 - May 1953
* C. M. Purcell	May 1953 - May 1955
* R. J. Godfrey	May 1955 - May 1957
* M. C. Bebee	May 1957 - May 1959
* M. V. Keenan	May 1959 - May 1961
* A. H. Leckie	May 1961 - April 1963
W. G. Bruce	April 1963 - April 1965
* J. P. Coupland	April 1965 - Feb. 1967
J. D. Purves	Feb. 1967 - Jan. 1969
H. M. Jolley	Jan. 1969 - Jan. 1971
N. L. Diefenbacher	Jan. 1971 - Jan. 1973
P. P. Zakarow	Jan. 1973 - Jan. 1975
R. P. McCutcheon	Jan. 1975 - Jan. 1977
E. G. Sonley	Jan. 1977 - Jan. 1979
A. J. Calzonetti	Jan. 1979 - Jan. 1981
C. A. Doughty	Jan. 1981 - Jan. 1983
R. L. Filion	Jan. 1983 - Jan. 1985
G. E. Pitkin	Jan. 1985 - Jan. 1987
G. Nikiforuk	Jan. 1987 - Jan. 1989
W. J. Dunn	Jan. 1989 - Jan. 1991
R. M. Beyers	Jan. 1991 -

* J. O'Donnell	April 1868 - July 1870
* J. B. Willmott	July 1870 - June 1915
* W. E. Willmott	July 1915 - May 1940
* D. W. Gullett	May 1940 - July 1956
W. J. Dunn	July 1956 - Feb. 1965
K. F. Pownall	Feb. 1965 - July 1990
R. L. Ellis	July 1990 -

* Deceased



Printed on recycled paper

7 DAYS

THIS BOOK MAY BE KEPT FOR
7 DAYS ONLY
IT CANNOT BE RENEWED

AUG 28 1995

270A-3-71

ROYAL COLLEGE OF DENTAL
SURGEONS OF ONTARIO.
PROCEEDINGS.
1989-1992

270A

TODAY'S DATE

05/06/21

JK L.

ROYAL COLLEGE OF DEN
1989-1992. Proce

The Royal College of Dental Surgeons of Ontario

Financial Report

(as at December 31, 1990)

David E. Carruthers, B.Com., C.A.

Director Administrative Services

Introduction

The audited financial statements which follow are presented to the members of Council of the College and to all its members.

They report on the financial condition of the various funds of the College as at December 31, 1990 and their respective operating results for 1990 together with comparative information for 1989.

The financial statements confirm once again, that the financial condition of the College's various Funds at December 31, 1990 is sound. The auditors' report provides unqualified opinion that the financial statements are presented fairly and in accordance with generally accepted accounting principles.

The Notes to Financial Statements include a brief description of each Fund: a new feature of this year's audited statements. As well, the balance sheets of each Fund are combined in a spreadsheet format to give the reader an easier overview of the financial condition of all College Funds.

Financial Statements

Attached to this report are the following:

- Auditors' Report
- Combined Balance Sheet as at December 31, 1989 and 1990, and Statements of Revenue and Expenses and Surplus for 1989 and 1990 for:
 - General Fund
 - Building Fund
 - Professional Liability Program Fund
 - Centennial Fund
 - Harry R. Abbott Memorial Library Fund
 - Dental Hygienists' Fund
- Notes to Financial Statements

Combined Balance Sheet

The Combined Balance Sheet of the College shows the year-end financial position of its five continuing Funds. All Funds are in good financial condition as at December 31, 1989 and 1990. No Fund is in deficit. The General Fund is the main operating Fund of the College.

General Fund: Statement of Revenue and Expenses and Surplus

Revenue

The annual fees for dentists and dental hygienists provide the College with its main source of revenue. The 1990 fee for dentists was \$1,010 of which \$620 was allocated to the Professional Liability Fund and \$40 to the Building Fund. The fee for dental hygienists was \$155 including a \$40 contribution to the Dental Hygienists' Fund for establishment of its own College. Dental hygienists applying for licensure in Ontario are required to successfully complete qualifying examinations. The examination fee in 1990 was \$250 (unchanged from the previous year).

Interest rates in 1990 were again higher than anticipated. With fairly high cash reserves available through much of the year, interest income was up over 1989. This continues to be an important source of revenue to the RCDS.

Sundry revenue is derived mainly from the sale of the "List of Members" to dental-related organizations and late fee payment penalties. The penalty amount was increased from \$25 to \$100 in 1990.

The administration charge to the Professional Liability Program Fund has increased over the prior year in proportion to the increase in in-house costs of administering the Program. Claims are being settled increasingly by the Program's own staff rather than turned over to professional adjusters.

Expenses

Salary and salary charges increased in 1990 with new staff plus adjustments to overall salaries in 1990 in line with inflation. A new Assistant Registrar and Director Administrative Services joined the College staff in 1990 as well as a dental consultant and administrative assistant for the Professional Liability Program. The increase in salary and salary charges was offset by a \$167,970 credit to expenses of the pension plan as a result of plan improvements initiated at year end.

Printing, stationery supplies expenses have increased in 1990 because of the need to reproduce the Practice Procedures Guide, an increase in pages (and costs) of the *Proceedings* and one additional issue of *Dispatch*.

The increase in postage and courier expense reflects increased postal rates; also, 1990 was an election year requiring additional mailings. Even though the College acquired additional property in July 1990, property expenses show a small decrease over 1989 as a consequence of retroactively recovering some costs from the Building Fund as they more properly relate to the project originally contemplated by this Fund. The same applies to legal and consulting fees.

Staff travel costs increased in 1990 as a result of the addition of an Assistant Registrar to staff mid-year, and some increase in travel by staff related to educational training programs. The expenses for dental hygiene examinations increased because of more candidates, resulting in an increase of examiner teams.

Honoraria (fees) paid to Council members decreased in 1990 as a result of fewer days spent in Council and Committee meetings. Expenses, however, were higher, reflecting the addition of Employer Health Tax and C.P.P. paid by the College on Council members' fees; also, 1990 included some costs related to completing Council members' 1989-90 term of office.

Continuing education expenses were higher in 1990 with inflation increases for honoraria paid to speakers and start-up costs for the newly established Continuing Competence Committee.

The grant to the Canadian Dental Association was increased from \$10 to \$20 per member in 1990.

Administrative expenses are all the general expenses necessary to perform the many duties required of the College. Expenses decreased over the prior year in which non-recurring costs were incurred for executive searches for registrarial staff and for a special actuarial report on the PLP Fund.

Surplus

Operations of the College in 1990 generated an increase in surplus of \$326,407, compared to \$288,749 in the prior year. The College's cumulative surplus increased in 1990 to more than \$1 million, from which cash was provided to finance the December 1990 purchase of a new headquarters building discussed below under "Building Fund". Although the \$1,093,060 surplus carries forward into 1991, the College needs to sell its St. George Street properties to replenish its cash resources.

The Building Fund

In July 1990, the College acquired ownership of properties at 230 and 234 St. George Street for \$2.5 million. This purchase was financed in part by a \$2 million advance from the general surplus of the Professional Liability Fund for which the Building Fund pays the Professional Liability Fund interest at an equivalent money market rate. In December, with the unanimous approval of Council, a new headquarters building was purchased by the College at 6 Crescent Road, Toronto for \$4.5 million. This purchase was financed by a \$3,262,500 mortgage given by the Vendor and a repayable advance from the General Fund, \$500,000 of which was repaid shortly after year end.

With the purchase of 6 Crescent Road, the College has abandoned its original plans to develop the 230-234 St. George Street properties which were expected to cost

about \$8 million in addition to the \$2.5 million spent to acquire the two properties. The Statement of Revenue and Expenses and Surplus includes accumulated costs incurred in 1989 and 1990 on the original concept of developing the St. George Street properties.

The Professional Liability Program Fund

See the Notes to Financial Statements for a general description of the Fund. Details on the plan are covered in the Report of the Professional Liability Program Committee.

The Centennial Fund and The Harry R. Abbott Memorial Library Fund

See Notes to Financial Statements for a general description of these funds.

Dental Hygienists' Fund

This Fund was established in 1988 to provide start-up capital for the prospective self-governing College of Dental Hygienists. A separate College for dental hygiene is contemplated by the new Health Professions legislation tabled in the provincial parliament in 1990 by the then Liberal government and re-introduced (with some modifications) by the present NDP government in April, 1991.

Re-appointment of Auditors

The firm of Peat Marwick Thorne, Chartered Accountants continues to provide competent professional services to the College, as it has for a number of years. On recommendation by the Finance and Property Committee, Peat Marwick Thorne was re-appointed auditors to the Royal College of Dental Surgeons of Ontario for 1990 and again for 1991.

Appreciation

The College is fortunate to have dedicated and conscientious administrative staff supporting the work of its registrarial staff and the College's overall administrative needs. I would like to acknowledge their individual and collective contributions to the College.

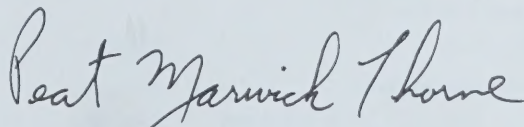
Peat Marwick Thorne Chartered Accountants

To the Members of the Council of The Royal College of Dental Surgeons of Ontario

We have audited the combined balance sheet of The Royal College of Dental Surgeons of Ontario as at December 31, 1990 and the statement of revenue and expenses and surplus for the year then ended for each of the General Fund, Building Fund, Professional Liability Program Fund, Centennial Fund, Harry R. Abbott Memorial Library Fund and the Dental Hygienists' Fund. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 1990 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.



March 18, 1991

The Royal College of Dental Surgeons of Ontario

(Incorporated under the *Health Disciplines Act*, Part II, of Ontario)

Combined Balance Sheet (December 31, 1990, with comparative figures for 1989)

	General Fund	Building Fund	Professional Liability Program Fund	Harry R. Abbott Memorial Library Fund	Dental Hygienists' Fund	Combined 1990 Total	Combined 1989 Total
Assets							
Cash	\$ —	785,058	2,112,621	169	181,385	3,079,233	1,238,607
Investments (note 2)	2,357,973	58,432	10,910,173	—	383,062	13,709,640	12,894,706
Accounts receivable	25,199	4,779	—	2,300	—	32,278	1,043,924
Receivable from:							
Dental Hygienists' Fund	77,772	—	—	—	—	77,772	5,146
Building Fund	1,565,176	—	2,097,659	—	4,240	3,667,075	265
Prepaid expenses	22,743	—	—	—	—	22,743	2,107
Deposit on purchase of building	—	—	—	—	—	—	100,000
Deferred pension plan funding excess	197,570	—	—	—	—	197,570	29,600
St. George Street properties (note 3)	—	2,540,375	—	—	—	2,540,375	—
Crescent Road property	—	4,580,410	—	—	—	4,580,410	—
	\$ 4,246,433	7,969,054	15,120,453	2,469	568,687	27,907,096	15,314,355
Liabilities and Surplus							
Bank Overdraft	\$ 825,690	—	—	—	—	825,690	—
Accounts payable	41,884	17,401	182	—	—	59,467	648,620
Deferred revenue:							
Licence fees	2,285,799	—	—	—	82,600	2,368,399	1,703,588
Assessments	—	286,275	3,227,275	—	—	3,513,550	2,034,484
Unused claims fund deductible	—	—	6,185,723	—	—	6,185,723	4,943,954
Payable to:							
Dental Hygienists' Fund	—	4,240	—	—	—	4,240	—
General Fund	—	1,565,176	—	—	77,772	1,642,948	5,411
Professional Liability Program Fund	—	2,097,659	—	—	—	2,097,659	—
Mortgage payable (note 4)	—	3,262,500	—	—	—	3,262,500	—
	\$ 4,246,433	7,969,054	15,120,453	2,469	568,687	27,907,096	15,314,355

The Royal College of Dental Surgeons of Ontario

Statement of Revenue and Expenses and Surplus

(Year ended December 31, 1990, with comparative figures for 1989)

	1990	1989		1990	1989
General Fund					
Revenue			Expenses		
Licence fees and assessments:			Salary and salary charges	\$ 1,162,705	1,082,907
Dentists:	\$ 5,847,339	5,261,694	Postage and courier	113,827	108,549
Less portion attributable to			Printing, stationery and supplies	219,559	153,194
Building Fund	(232,723)	—	Telephone	24,371	21,788
Professional Liability Program			Equipment - purchase, rental and		
Fund	(3,540,414)	(3,318,721)	maintenance (note 3)	94,300	93,117
	2,074,202	1,942,973	Property expenses	132,412	139,684
Hygienists:	608,900	542,090	Staff travel	69,808	58,249
Less portion attributed to Dental			Dental hygienists examinations	115,508	104,067
Hygienists' Fund	(154,600)	(141,240)	Honoraria	244,921	260,681
Examination fees	94,025	90,947	Continuing education	67,565	49,044
	548,325	491,797	Legal fees	281,885	292,203
Interest	220,690	194,388	Audit fees	13,500	13,000
Sundry	30,945	18,218	Witness and court reporter fees	4,274	8,766
Administration charge to the			Council insurance	3,003	3,004
Professional Liability Program			Council and committee	104,040	91,548
Fund	329,668	320,000	Grants:		
	3,203,830	2,967,376	Canadian Dental Association	111,800	54,890
			Canadian Fund for Dental Education	1,000	1,000
			University of Toronto	5,140	4,000
			University of Western Ontario	4,000	4,000
			Administrative	68,805	72,412
			Consulting fees	35,000	62,524
				2,877,423	2,678,627
			Excess of revenue over expenses	326,407	288,749
			Surplus, beginning of year	766,653	477,904
			Surplus, end of year	\$ 1,093,060	766,653

	1990	1989
Building Fund		
Revenue		
Members' assessments	\$ 232,723	—
Interest income	64,067	67,626
	296,790	67,626
Expenses		
Legal fees and other	168,397	155
Interest expense	97,659	—
	266,056	155
Excess of revenue over expenses	30,734	67,471
Surplus, beginning of year	660,270	592,799
Surplus, end of year	\$ 735,803	660,270
Professional Liability Program Fund		
Revenue		
Members' assessments	\$ 3,540,414	3,318,721
Interest	1,306,536	878,622
	4,846,950	4,197,343
Expenses		
Insurance premium	1,083,244	1,084,099
Broker and consultant fees	14,442	15,140
Maximum loss limit	1,750,000	1,500,000
Loss adjustment expenses	260,173	(29,466)
Administration charge from		
General Fund	329,668	320,000
Sundry	394	16
	3,437,921	2,889,789
Excess of revenue over expenses	1,409,029	1,307,554
Surplus, beginning of year	4,298,244	2,990,690
Surplus, end of year	\$ 5,707,273	4,298,244

	1990	1989
Centennial Fund		
Revenue		
Interest	\$ 2,228	6,587
Expenses		
Excess of revenue over expenses	2,228	6,587
Surplus, beginning of year	42,571	35,984
Surplus, end of year	\$ (44,799)	—
Harry R. Abbott Memorial Library Fund		
Revenue		
Interest	\$ 2,379	2,200
Expenses		
Grant to University of Toronto		
Library Fund	2,200	2,200
Excess of revenue over expenses	179	—
Surplus, beginning of year	2,290	2,290
Surplus, end of year	\$ 2,469	2,290
Dental Hygienists' Fund		
Revenue		
Fees	\$ 154,600	141,240
Interest	45,445	17,030
	200,045	158,270
Surplus, beginning of year	208,270	50,000
Surplus, end of year	\$ 408,315	208,270

The Royal College of Dental Surgeons of Ontario

Notes to Financial Statements

Year Ended December 31, 1990

General

Founded in 1868, The Royal College of Dental Surgeons of Ontario ("College") was continued in 1974 under Part II of the Health Disciplines Act of Ontario as a non-profit corporation without share capital. The College is exempt from income taxes under the Income Tax Act of Canada. The purpose of the College is to regulate the practises of dentistry and dental hygiene and govern its members in the Province of Ontario. In addition to the General Fund, special funds have been established by the College for the following purposes:

Building Fund

As a consequence of increasing overcrowding in current facilities, this fund was established in recent years to accumulate funds to purchase a new headquarters building for the College or to expand the existing facilities.

Professional Liability Fund

This Fund was established several years ago by the College to provide a first level of defence and management of professional liability claims against dentists. Insurance coverage for claims has been established to cover validated claims in excess of a deductible portion on an annual basis. The College is liable for the first \$50,000 (1989 - \$35,000) of a validated claim subject to a 1990 maximum loss limit of \$1,750,000 (1989 - \$1,500,000), which amount is expensed on an annual basis. The dentists are liable to the College for a deductible portion on each validated claim of \$1,000 on any one occurrence including defence costs increasing at a rate of \$1,000 for each additional claim in a twenty-four month period. Deductibles are recorded when received. The College is additionally liable for all loss adjustment expenses, which are expensed on a pay-as-you-go basis, related to claims arising since January 1, 1977. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College. The unused claim fund represents the accumulated difference of the annual maximum loss limit and paid claims less deductibles received.

The Centennial Fund

This Fund was established in 1968 to commemorate the centennial of the founding of the College. During 1990, the Centennial Fund was wound-up as the original purpose of the Fund was no longer required. The surplus at year end has been transferred to the Building Fund.

Harry R. Abbott Memorial Library Fund

The Library Fund was established in 1924 as a family memorial to the late Dr. Abbott who was president of the College during 1903 to 1907. Interest earned on the Harry R. Abbott Trust Fund is paid to the Library Fund in order to purchase books for the library which is now with the Faculty of Dentistry of the University of Toronto. The assets of the trust fund are not included in the combined balance sheet.

1. Significant accounting policies

(a) Basis of presentation:

These financial statements have been prepared in accordance with the fund basis of accounting for non-profit organizations. Statements of charges in financial position for each fund have not been prepared since they would not provide additional meaningful information.

(b) Fixed assets:

All fixed assets, other than properties, are expensed as acquired. No provision is made for depreciation of properties.

(c) Pension costs:

Pension costs related to current service are charged to income for the period during which the services are rendered. These costs reflect management's best estimates of the pension plan's expected investment yields, salary escalations, mortality of members, terminations and the ages at which members will retire. Adjustments arising from plan amendments, experience gains and losses and changes in assumptions are being amortized over the expected average remaining service lives of employees. Gains and losses on settlement or partial settlement of the plan are included in income immediately.

The cumulative difference between the funding contributions and the amounts recorded as a pension expense is recorded as the deferred pension plan funding excess.

(d) Investments:

Investments in bonds and treasury bills are stated at amortized cost plus accrued interest. Gains and losses are recorded only upon realization except where there is a decline in value which is considered to be other than temporary at which time a provision for estimated losses is made.

(e) Licence fees and assessments:

Members of the College pay a licence fee upon joining the College. Licence fees are included in income immediately. Members are billed for annual fees each December. These fees relate to the following fiscal year and accordingly amounts received are shown as deferred revenue at year end.

2. Marketable securities

1990			1989	
	Carrying Value	Market	Carrying Value	Market
Bonds				
Government of				
Canada	\$ 3,696,993	3,973,446	6,358,477	7,260,466
Provinces of				
Canada	9,123,409	9,436,645	5,163,280	5,692,002
	12,820,402	13,410,091	11,521,757	12,952,468
Treasury Bills				
	889,238	964,722	1,372,949	1,402,476
	\$13,709,640	14,374,813	12,894,706	14,354,944

3. Fixed assets

The College expensed fixed assets of \$16,636 in 1990 (1989 - \$23,306). The St. George Street properties were purchased from the Ontario Dental Association in July 1990 and the Crescent Road property in December 1990. The College intends to sell the St. George Street properties and relocate to the Crescent Road property.

4. Mortgage payable

The mortgage payable of \$3,262,500 bears interest at 11.5% and matures January 1, 1994. The College is required to make monthly payments of \$32,530. The mortgage is secured by the property at 6 Crescent Road.

5. Building Fund

The Building Fund has a demand loan of \$2,000,000, bearing interest at the Canada Treasury Bills rate, payable to the Professional Liability Program Fund.

6. Pension Plan

The College maintains a defined benefit pension plan which covers substantially all of its employees. Pension fund assets at market value were \$883,218 at December 31, 1990. The present value of accrued pension benefits attributable to services rendered to December 31, 1990 was \$770,741.

7. Funds held in trust

At December 31, 1990 the College maintained in trust \$3,500 (1989 - \$3,500) for refund to patients following claims made against member dentists. These funds are not included in the combined balance sheet.

8. Commitments

The College has operating leases on office equipment and vehicles requiring minimum annual lease payments as of December 31, 1990 as follows:

1991	\$53,889
1992	50,351
1993	46,896
1994	25,503
1995	25,503
Thereafter	—

Royal College of Dental Surgeons of Ontario

Financial Statements

Year Ended December 31, 1992

David E. Carruthers, B.Com., C.A.

Director Administrative Services

Introduction

The 1992 audited financial statements were reviewed and presented by the College's Audit Committee to Council at its June 24-25, 1993 meeting and are now presented to all its members.

They report on the financial condition of the various Funds of the College as at December 31, 1992 and their respective operating results for 1992 together with comparative information for 1991.

The financial statements confirm the financial condition of the College's various Funds at December 31, 1992. The auditors' report with the financial statements provides an unqualified opinion that the statements are presented fairly in all material respects and in accordance with generally accepted accounting principles.

The Notes to Financial Statements include a brief description of each Fund.

Financial Statements

Attached to this report are the following:

- Auditors' Report
- Combined Balance Sheet as at December 31, 1992 and Statements of Revenue and Expenses and Balance of Fund for 1992, (with comparative figures for 1991):
 - General Fund
 - Building Fund
 - Professional Liability Program Fund
 - Harry R. Abbott Memorial Library Fund
 - Dental Hygienists' Fund
- Notes to Financial Statements

Combined Balance Sheet

The Combined Balance Sheet of the College shows the year-end financial position of its five continuing Funds.

All Funds are in good financial condition as at December 31, 1992. No Fund is in deficit. The General Fund is the main operating Fund of the College.

General Fund: Statement of Revenue and Expenses and Balance of Fund

Revenue

The annual fees for dentists and dental hygienists provide the College with its main source of revenue. The 1992 fee for dentists was \$1,165 of which \$650 was allocated to the Professional Liability Fund and \$60 to the Building Fund. The fee for dental hygienists was \$175 including a \$40 contribution to the Dental Hygienists' Fund to establish a separate licensing College. Dental hygienists applying for licensure in Ontario are required to successfully complete qualifying examinations. The examination fee in 1992 was \$275 (same as previous year).

There were 6,145 dentists (5,978 in 1991) and 4,517 dental hygienists (4,190 in 1991) registered with the College at the time of mailing 1993 license renewals in November 1992.

Although interest rates continued to fall in 1992, the College took advantage of this by retaining \$735,000 in investments made earlier at higher rates and financed its operations by drawing against an operating line of credit established with its bank in mid 1992.

Sundry revenue also increased in 1992 from more sales of the College's "List of Members" to dental-related organizations, charges for mailings and labels, course fees for out of country dentists and late payment penalties.

The administration charge to the Professional Liability Program Fund increased over the prior year as detailed in note 6 to the financial statements. The increase is more than offset by the substantial increase in revenue earned by the Program, particularly interest earned on its investments.

Expenses

Salary and salary charges increased in 1992 from an unexpectedly high jump in government unemployment insurance and C.P.P. costs, an increase in premiums for dental insurance for retired employees, costs of two staff terminations, and one additional (2-week) payroll in 1992 compared to 1991.

Postage and courier costs decreased in 1992, as did printing, stationery and supplies expense. The College installed a high volume mailing machine in late 1992, reducing handling and postage costs. Printing costs were down in 1992 because of fewer issues/pages of *Dispatch*; stationery costs were down because of extra cost in 1991 to replace letterhead, business cards, etc. coincident with the move to new headquarters.

Equipment purchase, rental and maintenance costs were down in 1992 because of extra costs in 1991 related to the move to new headquarters, a new phone system and some new furniture and other equipment.

Property maintenance and operating costs for the College's new headquarters at 6 Crescent Road showed an increase over 1991 principally because of reduction in tenant rental revenue in the last half of the year when Metropolitan Trust moved out (June 30th). The costs to carry the St. George Street properties were partially offset by renting 230 St. George Street to the College of Pharmacists of Ontario for most of the year.

Honoraria (fees) paid to Council members increased in 1992 as a result of more days spent in Council and Committee meetings. Expenses were similarly higher than the previous year and, as well, included costs to advertise and hold two open council meetings in the year off-site (versus one off-site the previous year).

Continuing education expenses were higher in 1992 reflecting the accelerated activity for quality assurance in anticipation of mandatory continuing education and a program of office monitoring.

Legal fees were substantially up over the prior year. The increase relates to discipline cases, review of/response to proposed regulated health professions legislation, and matters before the registration committee.

The grant to the Canadian Dental Association in support of the national accreditation program and administration was maintained at \$20 per member in 1992. Other grants included \$6,030 to the 1992 Conference on Certification of Dentists in Canada.

Administrative expenses are all the general expenses necessary to perform the many duties required of the College. Expenses in 1992 in total were marginally up over the previous year.

Consulting fees were slightly up over 1991 and included costs to expand the College's network of computers, update and develop new databased computer programs, and fees paid for personnel placement and interior office design services.

Balance of Fund

Operation of the College in 1992 resulted in a decrease in the balance of fund of \$21,698, compared to a decrease of \$51,813 for the previous year. For a comparison to budget see the 1992 Proceedings report of Finance and Property Committee. The College's cumulative balance of fund at December 31, 1992 remains at more than \$1 million.

The Building Fund

1992 was the first full year of operation of the College at its new headquarters at 6 Crescent Road, Toronto. Even though revenue from tenant rentals was substantially down in 1992 (see comments under General Fund), the Building Fund ended the year with an excess of revenue over expenses of \$15,131 because a refinancing was carried out in 1992. The refinancing took advantage of lower interest rates and resulted in \$121,192 reduction in interest expense from the previous year on an annualized basis. This excess of revenue for the Building Fund substantially offset the General Fund's excess of expenses of \$21,698 (see comments under Balance of Fund above).

Although the College lost Metropolitan Trust as a tenant in June 1992, it succeeded in re-leasing all space surplus to its needs by December 31, 1992. It also subsequently succeeded in concluding an agreement with the College of Optometrists of Ontario to sell a 10% interest in its 6 Crescent Road property for \$415,000 cash.

A total of \$214,035 was expended in 1992 on tenant improvements and building renovations at 6 Crescent Road (\$655,330 last year), which amount is reflected in

Auditors' Report

the increased cost of property in the balance sheet of the Building Fund as detailed in note 3 to the financial statements. Also reflected in note 3 is an allowance of \$630,000 for diminution in value of property holdings, applied against the total of almost \$8 million in cost of all properties in recognition of the extremely depressed real estate market in Toronto.

Although offers were received during the year to purchase one or the other of the St. George Street properties, no sale was concluded in 1992 for reasons of price or unsatisfied conditions (such as purchaser unable to secure financing or sell a property). Sale of one or both of the St. George Street properties in 1993 would reduce the College's debt to the bank.

The Professional Liability Program Fund

The Fund transferred \$1.635 million to its balance of fund in 1992 compared to \$1.47 million in 1991. This brought the balance of fund accumulated to December 31, 1992 to \$8.8 million as protection against extraordinary adverse claims experience or the unavailability of insurance coverage in future. Details of the plan are covered in the Report of the Professional Liability Program Committee, and the Notes to Financial Statements provide a general description of the Fund.

The Harry R. Abbott Memorial Library Fund

See Notes to Financial Statements for general information about this Fund.

Dental Hygienists' Fund

Hygienists' special levy to establish their own College was \$40 per member for 1992 as it was in 1991. Revenue from the levy plus interest income contributed \$290,487 to its balance of fund in 1992, to bring the accumulated balance of fund to \$911,942 at the end of 1992. See Notes to Financial Statements for other information about the Fund.

Re-appointment of Auditors

On recommendation by the Audit Committee, Peat Marwick Thorne Chartered Accountants were re-appointed auditors to the Royal College of Dental Surgeons of Ontario for 1993.

Peat Marwick Thorne

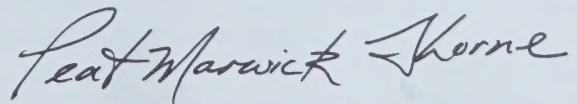
Chartered Accountants

To the Members of the Council of the Royal College of Dental Surgeons of Ontario

We have audited the combined balance sheet of Royal College of Dental Surgeons of Ontario as at December 31, 1992 and the statements of revenue and expenses and balance of funds for the year then ended for each of the General Fund, Building Fund, Professional Liability Program Fund, Harry R. Abbott Memorial Library Fund and the Dental Hygienists' Fund. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 1992 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.



March 17, 1993

Royal College of Dental Surgeons of Ontario

(Incorporated under the *Health Disciplines Act*, Part II, of Ontario)

Combined Balance Sheet (December 31, 1992, with comparative figures for 1991)

	General Fund	Building Fund	Professional Liability Program Fund	Harry R. Abbott Memorial Library Fund	Dental Hygienists' Fund	Combined 1992 Total *	Combined 1991 Total *
Assets							
Cash	\$ 1,430,599	228,903	3,521,933	6	114,579	5,296,020	6,290,628
Investments (note 2)	757,332	-	16,305,052	-	895,348	17,957,732	13,154,739
Accounts receivable	33,394	-	-	2,362	-	35,756	51,900
Receivable from (note 5):							
General Fund	-	-	-	-	800	-	-
Building Fund	5,047,939	-	2,044,185	-	-	-	-
Professional Liability Fund	133,385	-	-	-	-	-	-
Prepaid expenses	2,335	-	-	-	-	2,335	2,863
Prepaid pension plan costs	204,437	-	-	-	-	204,437	212,801
Properties (note 3)	-	7,360,150	-	-	-	7,360,150	7,776,115
	\$ 7,609,421	7,589,053	21,871,170	2,368	1,010,727	30,856,430	27,489,046
Liabilities and Balance of Funds							
Bank Overdraft	\$ -	-	-	-	-	-	297,885
Accounts payable	123,028	-	10,063	-	-	133,091	253,665
Deferred revenue:							
License fees	3,299,375	-	-	-	-	3,299,375	2,924,955
Assessments	-	346,260	3,981,990	-	98,785	4,427,035	3,891,510
Reserve for claims	-	-	8,927,000	-	-	8,927,000	7,235,879
Payable to (note 5):							
Dental Hygienists' Fund	800	-	-	-	-	-	-
General Fund	-	5,047,939	133,385	-	-	-	-
Professional Liability Program Fund	-	2,044,185	-	-	-	-	-
Bank loans (note 4)	3,166,667	-	-	-	-	3,166,667	3,270,788
	\$ 6,589,870	7,438,384	13,052,438	-	98,785	19,953,168	17,874,682
Balance of Funds	1,019,551	150,669	8,818,732	2,368	911,942	10,903,262	9,614,364
	\$ 7,609,421	7,589,053	21,871,170	2,368	1,010,727	30,856,430	27,489,046

* Interfund balances have been eliminated to arrive at combined totals.

See accompanying notes to financial statements.

Royal College of Dental Surgeons of Ontario
Statement of Revenue and Expenses and Surplus

(Year ended December 31, 1992, with comparative figures for 1991)

	1992	1991		1992	1991
General Fund					
Revenue			Expenses		
Licence fees and assessments:			Salary and salary charges	\$ 1,762,114	1,560,032
Dentists	\$ 7,216,969	6,426,075	Postage and courier	111,359	121,804
Less portion attributable to			Printing, stationery and supplies	178,684	192,860
Building Fund	(368,225)	(328,515)	Telephone	41,276	32,297
Professional Liability			Equipment - purchase, rental		
Program Fund	(4,003,380)	(3,703,460)	and maintenance (note 3)	172,697	256,112
	2,845,364	2,394,100	Property maintenance and		
Hygienists	803,822	696,126	operating costs	309,625	220,338
Less portion attributed to Dental			Staff travel	96,543	86,924
Hygienists' Fund	(179,575)	(168,200)	Dental hygienists' examinations	149,825	119,388
Examination fees	138,125	126,800	Honoraria	307,411	285,840
	762,372	654,726	Continuing education	78,534	50,363
Interest	127,236	105,851	Legal fees	528,460	350,253
Sundry	60,999	41,049	Audit fees	18,866	17,454
Administration charge to the			Witness and court reporter fees	20,540	9,755
Professional Liability Program			Council insurance	3,004	3,004
Fund (note 6)	460,550	447,400	Council and committee	186,632	121,750
	\$ 4,256,521	3,643,126	Bank loan interest	21,424	-
			Grants:		
			CDA - Commission on		
			Dental Accreditation	117,540	114,000
			Canadian Fund for		
			Dental Education	2,000	2,000
			University of Toronto	4,100	4,325
			University of Western Ontario	4,100	4,200
			Other	9,303	-
			Administrative	73,823	68,083
			Consulting fees	80,357	74,157
				4,278,217	3,694,939
			Excess of expenses over revenue	(21,696)	(51,813)
			Balance of Fund, beginning		
			of year	1,041,247	1,093,060
			Balance of Fund, end of year	\$ 1,019,551	1,041,247

	1992	1991
Building Fund		
Revenue		
Rental (note 6)	\$ 144,494	220,230
Members' assessments	368,225	328,515
Interest	-	37,938
	512,719	586,683
Expenses		
Interest on bank loans (notes 4&5)	312,906	366,111
Interest on PLP loan (note 5)	122,850	190,837
Legal fees and other professional fees	61,832	-
	497,588	556,948
Excess of revenue over expenses	15,131	29,735
Allowance for diminution in value of properties (note 3)	(630,000)	-
Balance of Fund, beginning of year	765,538	735,803
Balance of Fund, end of year	\$ 150,669	765,538
Professional Liability Program Fund		
Revenue		
Members' assessments	\$ 4,003,380	3,703,460
Interest	1,751,080	1,394,192
	5,754,460	5,097,652
Expenses		
Maximum loss limit	2,350,000	2,000,000
Insurance premium	1,166,254	1,111,974
Broker and consultant fees	45,286	27,930
Loss adjustment	52,900	34,009
Administration charge from General Fund (note 6)	504,900	447,400
	4,119,340	3,621,313
Excess of revenue over expenses	1,635,120	1,476,339
Balance of Fund, beginning of year	7,183,612	5,707,273
Balance of Fund, end of year	\$ 8,818,732	7,183,612

	1992	1991
Harry R. Abbott Memorial Library Fund		
Revenue		
Interest	\$ 2,017	2,524
Expenses		
Grant to University of Toronto Library Fund	2,150	2,492
Excess of revenue over expenses	(133)	32
Balance of Fund, beginning of year	2,501	2,469
Balance of Fund, end of year	\$ 2,368	2,501
Dental Hygienists' Fund		
Revenue		
Fees	\$ 179,575	168,200
Interest	110,901	44,972
	290,476	213,172
Expenses		
Bank charges	-	21
Excess of revenue over expenses	290,476	213,151
Balance of Fund, beginning of year	621,466	408,315
Balance of Fund, end of year	\$ 911,942	621,466

Royal College of Dental Surgeons of Ontario

Notes to Financial Statements

Year Ended December 31, 1992

General

Founded in 1868, the Royal College of Dental Surgeons of Ontario (the "College") was continued in 1974 under Part II of the Health Disciplines Act of Ontario as a non-profit corporation without share capital. The College is exempt from income taxes under the Income Tax Act of Canada. The purpose of the College is to regulate the practices of dentistry and dental hygiene and govern its members in the Province of Ontario. In addition to the General Fund, special funds have been established by the College for the following purposes:

Building Fund

As a consequence of increasing overcrowding in existing facilities, this Fund was established to accumulate funds to purchase on December 31, 1990 the new headquarters building at 6 Crescent Road, Toronto. The Building Fund is being continued until such time as the College's buildings on St. George Street are sold.

Professional Liability Program Fund

This Fund was established by the College to provide a first level of defence and management of professional liability claims against dentists. In 1992 dentists were covered for a maximum liability of \$2,000,000 for each validated claim. The College is liable for the first \$50,000 (1991 - \$50,000) of a validated claim subject to a 1992 maximum loss limit of \$2,350,000 (1991 - \$2,000,000), which amount is expensed on an annual basis. For a validated claim in excess of \$50,000 and for total claims in a year in excess of \$2,350,000 the College has obtained insurance having an upper limit of \$2 million for each claim. The dentists are liable to the College for a deductible portion on each validated claim of \$1,000 on any one occurrence including defence costs increasing at a rate of \$1,000 for each additional claim in a twenty-four month period. Deductibles are recorded when received. The College is additionally liable for all loss adjustment expenses, which

are expensed as incurred, related to claims arising since January 1, 1977. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College. The reserve for claims represents the accumulated difference of the annual maximum loss limit and paid claims.

Harry R. Abbott Memorial Library Fund

The Library Fund was established in 1924 as a family memorial to the late Dr. Abbott who was president of the College from 1903 to 1907. Interest earned on the Harry R. Abbott Trust Fund is paid to the Library Fund in order to purchase books for the library which is now with the Faculty of Dentistry of the University of Toronto. The assets of the trust fund are not included in the combined balance sheet.

Dental Hygienists' Fund

This Fund was established in 1988 to accumulate financial resources for the prospective self-governing College of Dental Hygienists. A separate College for dental hygiene is contemplated by the new Regulated Health Professions Act which received Royal Assent on November 25, 1991. The Act is expected to be proclaimed in 1993 at which time the Dental Hygienists' Fund will be transferred to the new College.

1. Significant accounting policies

These financial statements have been prepared in accordance with generally accepted accounting principles. Significant accounting policies are summarized as follows:

(a) Fund accounting

These financial statements have been prepared in accordance with the fund basis of accounting for non-profit organizations. Statements of changes in financial position for each fund have not been prepared since they would not provide additional meaningful information.

(b) Capital assets

All capital assets, other than properties, are expensed as acquired.

(c) Properties

Properties are carried at cost except for those properties held for sale which are carried at the lower of cost or their estimated net realizable value. No allowance is made for depreciation of property.

(d) Pension costs

Pension costs related to current service are charged to income for the period during which the services are rendered. These costs reflect management's best estimates of the pension plan's expected investment yields, salary escalations, mortality of members, terminations and the ages at which members will retire. Adjustments arising from plan amendments, experience gains and losses and changes in assumptions are being amortized over the expected average remaining service lives of employees. Gains and losses on settlement or partial settlement of the plan are included in income immediately.

The cumulative difference between the funding contributions and the amounts recorded as a pension expense is recorded on the combined balance sheet as the prepaid pension plan costs.

(e) Investments

Investments in bonds and treasury bills are stated at amortized cost plus accrued interest. Gains and losses are recorded only upon realization except where there is a decline in value which is considered to be other than temporary at which time a provision for estimated losses is made.

(f) Licence fees and assessments

Members of the College pay a licence fee upon joining the College. Licence fees are included in income immediately.

Members are billed for annual fees each December.

These fees relate to the following fiscal year and accordingly amounts received are shown as deferred revenue at year end, as set out in the combined balance sheet.

A portion of dentists' assessments are attributable to the Building Fund and Professional Liability Program Fund based upon the annual assessment schedule under Regulation 447 of the Health Disciplines Act.

A portion of hygienists' assessments are attributable to the Dental Hygienists' Fund based upon the annual assessment schedule under Regulation 446 of the Health Disciplines Act.

2. Investments

	1992		1991	
	Carrying Value	Market	Carrying Value	Market
Bonds				
Government of				
Canada	\$ 5,852,411	5,877,001	5,157,020	5,213,902
Provinces of				
Canada	11,620,522	11,083,193	7,137,035	6,969,179
	\$17,472,933	16,960,194	12,294,055	12,183,081
Treasury Bills				
	484,799	484,224	860,684	862,157
	\$17,957,732	17,444,418	13,154,739	13,045,238

The carrying value includes accrued interest of \$1,325,081 (1991 - \$509,965). At December 31, 1992, the College holds these investments at ScotiaMcLeod Inc. (\$12,338,211); RBC Dominion Securities Inc. (\$5,134,722) and Levesque Securities Inc. (\$484,799). The investments at RBC Dominion Securities Inc. are lodged as collateral to secure the bank loan (note 4).

3. Properties

	St. George Street,	6 Crescent Rd.	Total
Costs to			
December 31, 1992	\$ 2,540,375	5,449,775	7,990,150
Allowance for			
diminution in value	(500,000)	(130,000)	(630,000)
Book value,	\$ 2,040,375	5,319,775	7,360,150
December 31, 1992			

The College has relocated to the Crescent Road property and intends to sell its St. George Street properties. Accordingly, the St. George Street properties have been written down to their estimated net realizable value. The write down in value of 6 Crescent Road reflects the impairment in value as a result of sale of a 10% equity interest in the property for \$415,000 subsequent to the year end (note 9).

In 1992, the College expensed the purchase of other capital assets of \$99,421 (1991 - \$159,922).

4. Bank loans

On July 29, 1992, the College discharged the mortgage, including accrued interest, of \$3,252,026 previously secured by its 6 Crescent Road property by arranging new credit facilities with its banker, the Royal Bank of Canada. Collateral security established for the new credit facilities were a General Security Agreement and Pledge and Trading Custodial Agreements covering the College's investments held by RBC Dominion Securities Inc. At December 31, 1992, securities held by RBC Dominion Securities belonged to the Professional Liability Program Fund.

The new credit facilities from the Royal Bank of Canada are as follows:

- (a) A \$1,500,000 operating line of credit payable on demand with interest at bank prime rate. At December 31, 1992 there was no outstanding balance on this facility.
- (b) \$1,600,000 bridge loan to partially refinance the mortgage, repayable at any time without penalty. This loan bears interest at prime plus 1/4 of 1% per annum. At December 31, 1992, \$1,600,000 was outstanding on this facility.
- (c) \$1,600,000 term loan to substantially refinance the mortgage repayable at \$6,666.67 per month from August 27, 1992, plus interest at prime plus 1/2 of 1% per annum. The College has the option of repaying in full the outstanding balance each July 27 of 1993 through 1997. At December 31, 1992, \$1,566,667 was outstanding on this facility.

5. Interfund balances

The Building Fund has a demand loan of \$2,000,000, bearing interest at the prevailing Canada treasury bill rate, adjusted semi-annually, payable to the Professional Liability Program Fund.

The Building Fund also has a \$3,200,000 loan payable to the General Fund in respect of the new credit facilities with the College's banker. These funds were advanced to the General Fund and were utilised to discharge the mortgage on the 6 Crescent Road property. Loan interest charged by the bank is recovered from the Building Fund. Interest paid by the Building Fund is included in interest on bank loans.

The Building Fund has a further non-interest bearing loan of \$1,500,000 payable to the General Fund.

All other interfund balances arise in the normal course of the College's business.

